A CRITICAL AND PARTICIPATORY APPROACH TO GENDER EQUITY AMONG YOUTH IN KIBERA, KENYA

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ABSTRACT

Achieving gender equity is an international priority. This research, guided by a critical social theory approach, explores and seeks to challenge dominant gender norms amongst young men and women living in the slum of Kibera, Kenya. To achieve this goal, 49 participants, recruited through convenience sampling techniques, engaged in a participatory diagramming technique of data collection and reflexive analysis. Findings from this research suggest that youth participants experienced numerous forms of social discrimination and exclusion that threatened health and development. Socio-economic status appeared to be the primary source of inequities, including gender inequity. Process and outcome changes were noted among participants throughout the course of this research. Participants created plans to minimize the impact of discrimination that was externally imposed on them as individuals, but challenged between members of the group. The findings underscore the significance of addressing the social, cultural, political, and economic context of health. They further suggest that groups and communities have the capacity to create integrated plans that address complex challenges.

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DEDICATION

This thesis is dedicated to my parents, Shirley and Bruce Williams, who were my earliest influences in informing this work. Thank you for instilling a sense of compassion and sensitivity to injustice within me, as well as for nurturing my sense of social citizenship.

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CHAPTER ONE

1. INTRODUCTION

This chapter focuses on setting the problem of gender inequity within international, national, and local contexts. The current research seeks to explore and challenge gender inequity among youth living in the Kibera slum in Kenya. It is of relevance and significance to nurses because it addresses several determinants of health and promotes community development. Within a broader context, the research recognizes the impact of globalization on health and nurses' professional and ethical imperative to promote equity. The relevant literature was reviewed and explicates the research problem and highlights the complexity of gender roles and power relationships.

1.1. Study Problem

1.1.1. Introduction to the Problem

Promoting gender equity is an international priority. It is reflected throughout the United Nations' (2008) Millennium Development Goals (MDGs). Although strides have been made toward achieving this goal, gender inequities persist throughout the world, on local, national, and international levels.

Globalization, defined as "a process of greater integration within the world economy" (People's Health Movement, Medact, & Global Equity Gauge Alliance [Global Health Watch], 2005, p. 13), results in the movements of goods and services, capital, technology, and labour across borders. The binding "rules" of globalization, defined primarily by the World Trade Organization, are economically driven and have a significant influence on the health and well-being of people throughout the world (Global Health Watch, 2005). In relation to gender inequity, changes accompanying globalization, including changes in the distribution of income and poverty, globalization of production, liberalization of trade, and reshaping of individual nations through structural adjustment programs, come with risks and benefits for both men and women. Nevertheless, the negative impact on women in poor countries is most significant, threatening their health and well-being (Doyal, 2002).

The quality of life for some women in sub-Saharan Africa (the research setting) has improved since the 1990s. The trends discussed herein are adopted from the United Nations (2008). Women are becoming increasingly involved in the labour market and politics; enrolling in educational programs; having skilled birth attendants present during the labor and delivery process; and accessing antiretroviral therapy to treat the acquired immunodeficiency syndrome (AIDS). Nevertheless, the majority of women in sub-Saharan Africa are still under or unemployed. Women account for a mere 31% of the non-agricultural, wage employment workforce and over 80% of these jobs are insecure and poorly paid. Men continue to dominate political decision-making, with women holding only 17.3% of seats in houses of national parliaments. In relation to education, for every 100 boys enrolled, 89 girls are enlisted at the primary and 80 at the secondary school levels. Maternal mortality rates remain high, particularly among poor and rural women. The rate, 900 maternal deaths per 100,000 live births, is 100 times higher than in developed regions. Prevalence rates of the human immunodeficiency virus (HIV) have declined slightly, but women, who represent 59% of HIV infected adults over 15 years of age, continue to bear a disproportionate burden of disease (United Nations [UN], 2008). The challenges facing women prevent them from being active and equal partners in development processes yet sustainable development requires women's participation (World Bank, 2000).

1.1.2. Problem Statement

Although both disenfranchised men and women in developing countries are experiencing many different forms of inequity (Global Health Watch, 2005), women primarily remain seen as the objects of gender discrimination. As a consequence, the issue of gender inequity has been researched mainly from the perspectives of women (Hebert, 2007). While the importance of acknowledging the diversity of women's lived experiences and vulnerabilities is respected, so too is the growing body of literature that highlights the gap in knowledge about the impact of gender inequities on men. While neither approach is problematic in itself, the resulting challenge lies in the prevention of gendered dichotomies (Connell, 2005) and movement towards integrated approaches that simultaneously acknowledge similarities and differences in experiences of vulnerability both within and between genders. Such approaches are attentive to strategies delineated in the Beijing Declaration (UN, 1995) and may encourage both men and women to participate more fully in all actions toward gender equality.

1.2. Literature Review

1.2.1. Gender Equity: What Does It Mean and to Whom?

Although various definitions of gender equity exist, for the purpose of this research it will be defined as "fairness and justice in the distribution of benefits, power, resources, and responsibilities between men and women" (World Health Organization, 2002, p. 3). Doyal (2000) suggests that there may be three loosely categorized schools of thinking about gender equity, all of which purport to advance the interests of women. The first school is "traditionalists" (Doyal, 2000, p. 932), who posit that differences between men and women are natural and inevitable, therefore rejecting a focus on gender and equality, while embracing equitable approaches to meet the predetermined, but diverse, needs of men and women. In contrast, "feminist radicals" (Doyal, 2000, p. 932), advance a singular focus on women's rights to avert so called "technological fix[es]" (Doyal, 2000, p. 932) that may occur when gender equity is adopted as a political goal. Doyal's third group, called "gender radicals" (p. 932), focuses on gendered relations as an area of potential for achieving critical understandings of health inequalities in the pursuit of gender equity through "collaborative action between a range of different groups (including both women and men) concerned with wider campaigns for equality and social justice" (Doyal, 2000, p. 932).

1.2.2. Sex and Gender: What's the Impact?

Beginning from a biological perspective, differences between men and women are noted. Based on their reproductive roles, women require access to sexual health care, including resources to control fertility, achieve healthy pregnancies and childbirth, and to decrease the risk of sexually transmitted infections, which they are more vulnerable to than men. Although such resources are available, they may not be accessible to all women. When men's biological makeup is considered, however, modern medicine has not yet been able to address differences in life expectancy between men and women. Throughout most countries in the world, men tend to have shorter life expectancies than women, potentially indicating they are the weaker sex (Doyal, 2000). The situation is no different in Kenya, where men's life expectancy is 57.49 years and women's is 58.24 (Central Intelligence Agency, 2009). This difference leaves room for what may be a well justified argument about men's vulnerability (Doyal, 2000).

However, gender is much more complex than and influenced by factors beyond sex alone. Socialization into gender roles begins and may be expressed as early as infancy (Eichstedt,

Serbin, Poulin-Dubois, & Sen, 2002; Weinberg, Tronick, Cohn, & Olson, 1999). Child-rearing practices (Crouter & Manke, 1995), education (Forrest, 2000; Paechter, 2003), culture (Duffy, 2005; Evans, Butler, Etowa, Crawley, Rayson, & Bell, 2005; Sobralske, 2006), and the media (Gannon, Glover, & Abel, 2004; Gough, 2006; Kaplan & Cole, 2003; Phillips, 2005) are several factors that influence prescribed gendered behaviours. Socialization into gender roles continues throughout the lifespan and results in prevailing views about masculinity and femininity.

Although diversity exists, what is constructed or conceptualized as masculine is most often valued and more highly rewarded than what is feminine, catalyzing significant work regarding "interrelationships between gender inequalities and both [the] physical and psychological health" (Doyal, 2000, p. 934) of women. Negative outcomes result from discrimination and leave women particularly vulnerable to the outcome and effects of poverty (Doyal, 2000). Women's socially constructed and gendered vulnerabilities are acknowledged, but because this perspective tends to be most well-known, particularly among women and their advocates, and perhaps even dominant within the research literature, in the remainder of this literature review, a stronger, but not exclusive, focus will be placed on the little that is known about the impact of gender inequity on men.

The nature and impact of socially constructed gendered differences between men and women could not be more different. Whereas women's vulnerabilities risk that their needs become or remain unmet, the vulnerabilities of men function in almost an entirely opposite direction. Doyal (2000) posits that, although some men may be better positioned to meet their basic needs because of their socially constructed roles as providers, this same benefit places them at greater risk for injury, disease, or death from occupational hazards or accidents. Alternatively, if the availability of opportunities for men to meet their provider roles is diminished, this may result in feelings of frustration and helplessness among men (Doyal, 2000). Beyond men's provider roles, Doyal, citing the work of a variety of authors, also notes men's increased propensity to engage in risky and unhealthy behaviours. This increased propensity may also be reflected in statistics, where some men are found to be more likely than women to smoke, use drugs, or consume alcohol (Madu & Malta, 2003). A socially constructed identity that sanctions such behaviour is self-destructive and unhealthy (Courtenay, 1998). From a psychological perspective, Doyal (2000), once again citing a wide range of work, notes that the impact of such expectations may also result in men's hesitancy to acknowledge their vulnerabilities and threaten

their ability to meet their emotional or caring potential. Therefore, many authors are increasingly suggesting that the experience of boys and men is also gendered, leaving them to either succumb to or withstand societal pressures to conform to normative and hegemonic masculinities (Connell, 2005; Verma, Pulerwitz, Mahendra, Khandekar, Barker, Fulpagare, et al., 2006).

1.2.3. Youth, Men, and Gender

Perceptions of and differences between gender roles intensify during adolescence (Lobel, Nov-Krispen, Schiller, Lobel, & Feldman, 2004). In developing countries, some young men may enjoy the privileges of autonomy, mobility, and opportunity, which may not be accessible to young women (Verma, Pulerwitz, Mahendra, Khandekar, Barker, Fulpagare, et al., 2006). Nevertheless, some young men may also be open-minded, defying traditional gendered roles (Barker, 2000). Targeting youth as participants in gender-related interventions may be important as they enter into romantic relationships. Their action patterns within these relationships may not yet be fixed and, with interventions, may be changed to promote health and well-being (Fitzgerald, Stanton, Terreri, Shipena, Li, Kahihuata, et al., 1999; Harvey, Stuart, & Swan, 2000).

Research undertaken in developing countries regarding youth and gender has primarily considered sexuality within the context of HIV/AIDS and other sexually transmitted infections (Fitzgerald et al., 1999; Harrison, O'Sullivan, Lucia, Hoffman, Dolezal, & Morrell, 2006; MacPhail & Campbell, 2001). Research regarding men and gender is also limited, although, in developed countries, there has been a growing body of literature regarding men's involvement in family planning (Bustamante-Forest & Giarratano, 2004; Frye-Helzner, 1996). Of the available research related to men and gender sensitivity, positive results documented include changes in attitudes, knowledge, and behaviour (Scanlon, 1994; Verma et al., 2006). Since youth are considerably influenced by their peers (MacPhail & Campbell, 2001; Meekers & Ahmed, 2000), peer education, if implemented in a sensitive fashion, may be valuable in creating change (Campbell & MacPhail, 2002).

1.2.4. The Problem of Stereotypes

Gendered perspectives are broadly consistent with stereotypes. In a study across 26 nations, including those in Africa, men self-reported as being the stronger gender, whereas women considered themselves to be softer (Costa, Terracciano, & McCrae, 2001). A similar study across 16 nations found that attitudes toward men are both hostile and benevolent. The

stereotypical characterization of men as being designed for dominance may not only reflect, but reinforce gender inequities (Glick, Lameiras, Fiske, Eckes, Masser, Volpato, et al., 2004). Therefore, the use of stereotypical categorizations, no matter how appealing, must be approached with caution. For example, in a study exploring youth gang violence, potential or actual victims believed they should use non-conventional means, such as murdering these young men, to end the terror that prevailed in their community. At the same time, they recognized gang members to be beloved members within someone's family. Contradictions and confusion emerged within and between individual narratives. The researcher concludes by acknowledging the existence of, but cautions against, exclusionary logic that "others", demonize, dehumanize, and legitimate hegemonic discourses (Hume, 2007).

Hebert (2007), citing Carver (1996), notes that a monolithic characterization of men as dominant, patriarchal, misogynistic, materialistic, competitive, and violent can prevail in gender equity debates. Such problematic and exclusionary approaches or practices have left room for and resulted in backlash from men (Connell, 2005; Hebert, 2007). However, it has been argued that gendered identities are not as mutually autonomous as portrayed in the research literature. Holding men responsible for gender inequity and creating gendered dichotomies is perhaps easier than exploring the multiple ambiguities, the contradictions, and the complexities inherent in different dimensions of gender. Therefore, it may be important to recognize men and women as both engendered and engendering (Gutmann, 1997).

Gender stereotypes are not only a function of the literature and individual relationships between men and women, but may also be created, reproduced, and maintained, at policy levels. For example, in a case study exploring institutional influences on the creation of World Bank gender policies in Ecuador, the pressure to frame gender policy in financial terms and the imperative of male inclusion emerged as key constraints. The latter pressure was manifested by marginalizing men, particularly those who were impoverished, as irresponsible and at the core of gender inequity. Dominant policy preferences were limited and pathological, representing poor men as culprits for problems that were likely created and best resolved at a societal level (Bedford, 2007). The problem of stereotypes is similar for women. Makina (2009) explores the issue of women's caretaking role, in the context of the HIV/AIDS pandemic in South Africa. Rather than strengthening health care systems, policies rely on women's unpaid work, not only perpetuating poverty, but also harmful gender stereotypes.

In their work with women, feminists have espoused a discourse of difference cautioning against stereotypes and instead recognizing multiple voices and realities. Such an approach has only recently been adopted for use with men, but could be useful in challenging dominant ideology that is reflected in a variety of harmful stereotypes.

1.2.5. Acknowledging Diversity

By exploring exceptions to the "natural" order, differences that may function in unexpected ways are revealed. For example, Connell (2005) provides numerous examples of men's support for gender equity and notes that many advances for women have been achieved in alliance with men. Factors believed to be predictors of men's resistance to gender inequity include an ability to reflect on the costs of traditional masculinity; the construction of a coherent identity of themselves as different, while maintaining a connection to a mainstream social organization to buffer the impact of that difference; and familial access to nurturing role models (Barker, 2000). The need to maintain a connection to a mainstream social organization suggests that marginalizing and privileging practices may extend beyond gender alone.

Exploring multiple expressions of power is as essential as exploring multiple expressions of gender and gendered identities. Both within and between genders, factors such as geopolitical and socio-economic status, age, race, and cultural backgrounds, can influence how gendered inequities in health are experienced (Doyal, 2000). These are suggestions that have been echoed by numerous authors within the literature. For example, when considering geo-political orientations, in Western thought, sexual relationships and domestic duties, such as cooking, are often cited as areas of subordination for women. In northern Mozambique, however, the situation is different. Food and sex are respected areas of expertise for women and sources of power (Arnfred, 2007). Henderson (1997) makes a similar suggestion, noting how even among women purporting to be acting in self-interest and advancement, intersections of social class and race may become evident and oppressive, once again, highlighting the importance of considering factors beyond gender alone in inequity. The experiential exploration of varying identities within heterogeneous groups may lead to consciousness-raising among those who are dominant.

Shifting the discussion to men, Odhiambo (2007) considers fictional literature from Kenya, noting the political, social, economic, and cultural changes that accompanied post-colonialism. A politically independent Kenya, perceived to be achieved by men, caused transitioning identities that changed relationships between men and women. For men, new found

freedoms were accompanied by anxiety and expressed by a "conquering" mentality in their relationships with women, despite the detrimental and destabilizing impact of such a mentality on their own lives and the lives of their families. Historical dynamics should also be considered as a source of power in the analysis of gendered identities.

Finally, although it is often argued that there is a patriarchal dividend in the maintenance of gender inequities, the men who pay the costs for it are different from those who receive the benefits. Depending on the context and intersections between the previously identified factors that influence expressions of power, the interests of some men may be better aligned with those of women than those of other men (Connell, 2005).

1.2.6. Integrating Diversity in Strategies for Gender Equity

Thus far, the impact of gender inequities on men and women, the dominant ideology that perpetuates harmful and unhealthy gendered stereotypes, and the actual diversity that exists and could function to challenge such ideology have been considered. However, the greatest challenge may lie in the integration of diversity, so that both men and women may have equal access to the resources and conditions that determine their health and well-being. Hebert (2007) provides the rationale for such integration, suggesting that the segregation of men can create some spaces that are safe for women, but their inclusion can help ensure safety in all spaces. Therefore, Hebert also suggests that achieving gender equity is not about antagonistic conceptualizations of men as the enemy, but about acknowledging the social structures that allow men to dominate.

To prevent a "competing victims" approach that makes relative comparisons between men and women, it has been suggested that adopting a critical methodology may better integrate men into the health inequities literature. Central concepts in critical studies on men include gender as being socially constructed, challenging hegemonic masculinity, and gender power relations. Such an approach recognizes differences within and between genders, as well as that an individual's capacity for power results from complex interactions between nature and nurture (Lohan, 2007).

Doyal (2000) also delineates several different strategies for integrating diversity, while maintaining the argument that ensuring universal access to reproductive health care may be one of the most important elements of any strategy. Beyond high quality reproductive health care, the first strategy is described as "back to the future" (Doyal, p. 936) and is based on the argument that social changes, such as increased unemployment among men and women's entry into the

labour force, have "challenged men's sense of identity, causing a significant decline in well-being" (Doyal, 2000, p. 936). Advocates of this approach argue that a return to more traditional or stereotypical gender roles could benefit both men and women, which, Doyal acknowledges, is unlikely as "either practical or justifiable as part of a strategy for achieving gender equity" (Doyal, 2000, p. 936). The next strategy, described by Doyal (2000), but based on the work of authors such as Sabo and Gordon, is a "women centered" approach to men's health, based on the argument that "unreconstructed masculinity can be dangerous to the health of both women and men" (Doyal, 2000, p. 936). The strategy needed according to Lloyd and Wood, as cited in Doyal (2000), is that men first reconstruct their identities and then change their behaviours to more closely resemble what is stereotypically thought of as feminine, manifested by less self-destruction and aggression towards others. Finally, Doyal (2000) describes a "broadly feminist" approach which outlines the patterning of gender divisions and necessitates changes in social and economic organisation. In particular, Doyal states that "strategies will be required to deal with the damage done to women's health by men, masculinities and male institutions" (p. 937). This approach, according to Doyal (2000), is based on the notion that, although risks to men may exist, as a whole, the benefits that they reap from retaining current structures far outweigh the consequences. Overall, it appears as though the strategies that may be used to better integrate diversity are also varied and come with both risks and benefits.

1.3. Purpose of the Study

The purpose of this study was to use a critical social theory approach to prompt youth (both men and women) in Kibera, Kenya to identify and analyze the historical and contextual factors (eg: social, economic, political) that affect dominant gender norms and ideals; to generate knowledge and self-understanding regarding gender roles; and to encourage mobilization for socially relevant and appropriate actions that promote gender equity. This research is not conducted from feminist or masculinist perspectives. Instead, the study adopts one of many types of critical approaches to unveil the multiplicity of vulnerabilities experienced by a group of men and women in Kibera and that result from structural factors at the mirco, meso, and macro, societal levels.

1.4. Study Questions

Three questions were proposed for study, derived from the perspectives of members of the youth group from which participants were drawn:

- What are youth's (both men's and women's) experiences of the structural factors that maintain current gendered roles?
- How can critical dialogue and reflection change youth's assumptions regarding gender roles?
- In the short-term, how can youth disrupt and challenge the gendered status quo?

1.5. Relevance and Significance of the Study

1.5.1. Nursing in a Global Village

In an era of globalization, characterized by the rapid exchange of financial, material, and human resources across borders, the dynamics of health and health care are changing. Multinational corporations and profit driven agendas are increasingly influencing the social determinants of health and creating unprecedented global interdependence (Davidson, Daly, Meleis & Douglas, 2003).

Dominant thinking in health is biomedical and local. The trends accompanying globalization challenge this belief system. The nursing profession must increasingly recognize the relationship between globalization and health, responding to the challenges and opportunities that arise within this context (Austin, 2001). This requires that nurses expand their worldview to include a duty of care for humanity that acknowledges the social, political, economic, and cultural factors that influence health (Crigger, Brannigan, & Baird, 2006).

Although nurses are well-positioned to understand the discourses that accompany globalization and to demonstrate international leadership, the challenge lies in recognizing nursing roles and responsibilities and taking action, rather than adopting attitudes of complacency, in order to promote health for all (Austin, 2001). The greatest advances in the nursing profession have been achieved by challenging the status quo and caring for vulnerable populations (Davidson et al., 2003).

The international nature of this research alone reinforced the importance of nursing in a global village and the duty of care beyond local or national borders. The ontological and epistemological assumptions of critical social theory facilitated an approach that moved beyond narrow biomedical definitions of health to the broad determinants of health.

1.5.2. Fostering Global Health and Equity

Complex forces shape a global environment. Subsequently, many actors must share the responsibility of achieving global health and equity, which is defined broadly as the fundamental

human right of all people to achieve optimal health and well-being. Registered Nurses are not exempt in actions toward this goal. They are bound by the professional and ethical imperative to create partnerships in the search for solutions, as equity is a fundamental prerequisite of health (Canadian Nurses Association [CNA], 2003).

Hart, Hall, and Henwood (2003) propose an "inequalities imagination" model that is based on philosophical and theoretical debates about disadvantage and subsequently, anti-oppressive, anti-discriminatory, and individualized care practices. The model is intended to assist social and health care practitioners to recognize and challenge the individual and structural factors that create inequities and influence the provision of care to vulnerable populations. Drawing heavily upon, and expanding, Campinha-Bacote's work on cultural competence, the authors maintain that the desire to challenge inequities; relational self-awareness that uncovers biases and assumptions; critical thinking that draws upon existing knowledge, personal, or imagined experience; reflection on the structural causes of disadvantage; and creative action that challenges inequities are important elements of providing care to vulnerable individuals with respect and dignity. These components also reflect the process of developing an inequalities imagination which, in itself, is a lifelong process.

Giddings (2005a) makes a similar argument which is based on a dialectical model of social consciousness. Social consciousness, when applied to nursing, can be defined as nurses' awareness of the social inequities within their own lives, as well as those of others, and that subsequently influences their desire and ability to challenge the status quo within nursing and the health care system. There are three non-linear and non-hierarchal, but rather, co-existing positions of social consciousness. In an acquired position of social consciousness, nurses identify most closely with dominant norms and worldviews, and do not tend to be aware of or acknowledge inequities. In the position of awakened social consciousness, nurses still maintain their connection to mainstream views, but begin the process of questioning its assumptions and critiquing unjust actions that result from these assumptions. Finally, in the position of expanded social consciousness, dominant assumptions are challenged and nurses are able to take action, successfully moving between the world of the oppressed and those in power.

Davidson et al. (2003) suggest that individually and collectively nurses can influence change that advances social justice and equity. They maintain that the impact of globalization is evidenced in nursing practice and influences health outcomes in a variety of ways. Addressing

health inequities, requires more than biomedical interventions, but also attention to the social, political, and economic context of health. Broad relationships of power that can function to marginalize are essential to acknowledge. Anderson (2000) makes a similar argument, delineating how poverty, race, and gender can influence people's positioning in social structures and serve to oppress. Nurses must continue to build upon their knowledge and understanding of the socio-political context of health, capacity building and collaborative approaches to partnerships, and history of advocacy to counter marginalization and social disadvantage and instead, promote health for all (Davidson et al., 2003).

Although the focus of this research was gender inequity, the researcher had participated in an internship in Kibera in 2006, which reinforced the existence of numerous structural factors and "-isms", beyond gender alone, that may silence individuals and groups. The current research aimed to uncover marginalized voices and was action-oriented. Furthermore, this research was one of many studies needed to decrease the 10/90 gap, where the inequitable allocation of resources has led to approximately 10% of the research being devoted to 90% of the world's problems, the most significant of which are faced by the world's poor (Gwatkin & Guillot, 2000). The health challenges faced by internationally vulnerable populations are not commensurate with the available research.

1.5.3. Community Health and Development

Individuals and communities have the right and responsibility to participate in defining and resolving the health challenges that affect them (CNA, 2003). Nurses' contributions to the advancement of global health and equity can be achieved, at least in part, through the creation of collaborative international health partnerships to promote healthy communities (CNA, 2005a).

Community development builds upon existing strengths, capacities, and resources to achieve gains in health. The process of community development is as vital as its outcomes. Challenges for nurses in this process include sharing traditionally retained professional power with community members; understanding diverse social identities, particularly when partnering with vulnerable populations; and bringing health and health service delivery beyond narrow definitions. Successful community development may not only result in change and action, but also in skill development, increased knowledge, power, and capacity (Johnson, Bhagat, Shuster, & Ross, 2001). Community development shares the philosophical foundations and is described as the practice form of critical social theory (Lindsey, Sheilds, & Stajduhar, 1999).

This research built on and strengthened an existing international partnership between the youth group and researcher. This partnership was initiated during the researcher's 2006 internship. The youth group pre-identified training in gender equity as one of their priorities. The study components, such as the data collection techniques, were selected to ensure that the youth group continued to define and address their own needs.

1.5.4. Social Determinants of Health

Health is determined by factors both within and outside of the health care system but external factors, such as biological endowment, as well as the physical and social environment, bear primary influences on overall health status (Saskatchewan Public Health Association, 1994). Approaches to health promotion differ and may be medical, behavioural, educational, client centered, or directed at societal change (Ewles & Simnett, 1999). Although the Ottawa Charter for Health Promotion (World Health Organization [WHO], 1986) recognizes the importance of developing personal skills for health, it also delineates the need for multi-sectoral approaches, in recognition of the broad social determinants of health.

Gender, referring to "the array of society-determined roles, personality traits, attitudes, behaviours, values, relative power and influence that society ascribes to the two sexes on a differential basis" (Public Health Agency of Canada, 2004, n.p.), is a determinant of health. Gendered norms can lead to inequalities, systematically favouring either men or women, subsequently influencing health status and service access or usage (WHO, 2007).

Although gender was the focus of this research, it was recognized that by conducting this research in a slum area, that complex interactions between numerous determinants of health, such as environment, income, and education, would likely become evident. Further, this research was conducted among an existing social support network, yet another determinant of health. The critical social theory approach to this research was anticipated to prompt a societal change approach to health promotion.

CHAPTER TWO

2. METHODOLOGY

This chapter focuses on the description of the methodology used in the current research. The research was guided by the epistemological and ontological assumptions of critical social theory. Participants, both men and women, who self-identified as youth and spoke English, were selected through convenience sampling techniques. Data collection occurred in a naturalistic setting. The contextual variables that may have influenced the research are discussed. Participatory diagramming techniques were used for data collection and participants remain engaged in a process of reflexive analysis. Ethical considerations in this research are reviewed.

2.1. Methodological Approach: Critical Social Theory

2.1.1. Historical Roots

Critical social theory (CST) is a paradigm of inquiry from which a research methodology has been derived. In the 1920s, CST originated in the writings of scholars belonging to the Frankfurt School in Germany. Critical social theory was developed in response to the oppressive effects of a new and emerging form of capitalism, but it was also directed at the reconstruction of Soviet Marxism, moving the concepts of domination and oppression beyond economic and class struggles into an increasingly social realm, making it more relevant for the 20th century. Original scholars of CST developed a neo-Marxist critical approach, by denouncing the supremacy of the positivist paradigm, as it led to an uncritical acceptance and unknowing perpetuation of systems of oppression. Instead, a position of inter-subjectivity, where knowledge and the "truth" could not be separated from the social, political, economic, and historical contexts within which it was created, was advanced. Through the integration of the objective and subjective, critical social theorists critiqued dominant social dogma and ideology, achieving their ultimate goal of socio-political change that emancipated individuals from oppression (Browne, 2000; Campbell & Bunting, 1991; Maggs-Rapport, 2001; Manias & Street, 2000).

2.1.2. Contemporary Critical Social Theory

Critical social theory has been defined as a concern with "issues of power and justice and the ways that the economy, matters of race, class, and gender, ideology, discourses, education,

religion and other social institutions, and cultural dynamics interact to construct a social system" (Kincheloe & McLaren, 2000, p. 281). Critical social theory neither represents a single theory nor a unified school of thought, but rather a complex and ever-evolving array of theories and interdisciplinary thinking. Critical social theory avoids specificity and blueprints imposed within a "universal" context (Kincheloe & McLaren, 2000). Critical social theory is one of the bases for the creation of situation-specific theories, characterized by a low level of abstraction, the focus on a specific phenomenon, the acknowledgement of the contextual nature of knowledge, a strong link between research and practice, and finally by a respect for diversity, which limits the ability to generalize research findings to a "universal" population (Im & Meleis, 1999).

Attempts have been made to identify the assumptions underpinning CST. Ontologically, critical social theorists envision the nature of reality as social, subjective, contextual, and value-laden. "Reality" is open to systematic questioning and critique (Campbell & Bunting, 1991). Systems of power and oppression shape human existence, but often remain unexamined and taken for granted. Ideologies, values, and language cannot be separated from knowledge and its interpretation (Kincheloe & McLaren, 2000).

Epistemologically, participants in a research study guided by CST are perceived to be "agents", who are capable of self-critiquing, as well as planning and implementing emancipatory action and change (Campbell & Bunting, 1991). The analysis of competing power interests assists in the identification of how societal structures privilege some, while oppressing others. Critical emancipation is achieved when the oppressed gain power and control over their lives. As the state of social justice is enhanced within the community, all individuals within it are allowed to live autonomously and are freed from social, political, and ideological constraints (Kincheloe & McLaren, 2000).

Agents chosen to participate in this research typically belong to an oppressed, underprivileged, or marginalized population (Kuokkanen & Leino-Kilpi, 2000; Maggs-Rapport, 2001). As previously indicated, the multiple spheres of power and oppression are difficult to separate and all individuals experience both, depending on the context (Kincheloe & McLaren, 2000).

A traditionally retained form of power is held by researchers. To challenge such power, dialogue between the researcher and the agents should be characterized by respect, trust, and equality. Participation, co-operation, and collaboration are essential. The agents must be

recognized as experts, capable of creating knowledge and change that is relevant and meaningful (Burns & Grove, 2005; Kuokkanen & Leino-Kilpi, 2000; Lindsey, Sheilds, & Stajduhar, 1999). Since the CST research process is co-constituted, the dynamics between the researcher and the agents should be explored (Finlay, 2002).

Axiologically, the values, assumptions, and biases of the researcher should be identified and examined for their potential impact on the research process (Burns & Grove, 2005). All research is perceived to be a political process, influenced by social and economic values and priorities (Stevens, 1989). Decisions regarding the research questions, sampling plans, data collection and analysis cannot be separated from the researcher's social positioning. Although pure objectivity and neutrality is neither feasible nor desirable as it supercedes the purpose of the research and the value of the findings to society, to prevent research that unwittingly reproduces systems of oppression and subordination, critical researchers must remain self-consciously critical (Kincheloe & McLaren, 2000).

Although CST is often described and used as a qualitative research methodology (Burns & Grove, 2005; Choudhry, Jandu, Mahal, Singh, Sohi-Pabla, & Mutta, 2002; Giddings, 2005b; Kincheloe & McLaren, 2000), it has also been used in conjunction with quantitative methods (Brown, 2006; Kulwicki & Miller, 1999). Critical social theory integrates both subjective and objective ways of knowing, while cautioning against the uncritical acceptance of positivist knowledge (Browne, 2000; Campbell & Bunting, 1991; Lindsey, Shields, & Stajduhar, 1999; Stevens, 1989). The methods chosen and used should present the most persuasive array of information, including both stories and numbers, as appropriate (Burns & Grove, 2005). Critical social theory has informed other research methodologies, including feminist theory, post-colonial theory, and participatory action research (Burns & Grove, 2005; Lindsey, Shields, & Stajduhar, 1999; Stevens, 1989).

A critique of dominant social ideology is the essence of CST research projects. A critique consists of four elements, including: (1) oppositional thinking that reveals contextual structures of power and domination, which creates opportunity for some by constraining the potential of others; (2) reflection on the conditions that would make freedom from coercion possible; (3) analysis of the constraints on communication and action to create a causal theoretical framework that is tested against individual and group realities; and (4) dialogue that raises collective consciousness and assists in the identification of action potentials that challenge oppression,

promote social justice and change (Burns & Grove, 2005; Stevens, 1989). CST research is often perceived to be transformative and to promote political action (Kincheloe & McLaren, 2000). Prior to the implementation of actions, common interests, anticipated risks, potential consequences, and circumstantial knowledge of participants' lives should be explored (Burns & Grove, 2005).

2.1.3. Strengths and Weaknesses

Critical social theory has been critiqued for its potential to stereotype, by looking at the general and failing to account for individual and multiple realities (Boutain, 1999; Browne, 2000). Concerns also exist related to the ethnocentric assumptions of empowerment, which may disregard the values of communalism, hierarchical decision-making, and strict codes of conduct held by certain cultural groups (Brunt, Lindsey, & Hopkinson, 1997). Perceived strengths of CST informed methodology include participants' potential emancipation from unequal power relationships, including those between the researcher and participant; and its potential to bridge the "gap" between theory and practice (Manias & Street, 1999).

2.1.4. Critical Social Theory Research

Within the empirical literature, CST informed research has been used to explore and challenge social injustice (Brown, 2006; Giddings, 2005b), as well as to promote health and well being (Choudhry et al., 2002; Kulwicki & Miller, 1999). Critical social theory research methodology has been used in conjunction with participatory action research (Choudhry et al., 2002), feminist theory (Giddings, 2005b), as well as theories of adult education and transformative learning (Brown, 2006). Quantitative surveys (Brown, 2006; Kulwicki & Miller, 1999) as well as qualitative focus group discussions (Choudhry et al., 2002), reflective analysis journals (Brown, 2006), and interviews (Giddings, 2005b; Kulwicki & Miller, 1999) have been used as data collection techniques. Through purposive (Giddings, 2005b) and convenience (Choudhry et al., 2002; Kulwicki & Miller, 1999) sampling, both men (Brown, 2006; Kulwicki & Miller, 1999) and women (Brown, 2006; Choudhry et al., 2002; Giddings, 2005b; Kulwicki & Miller, 1999) have been recruited to participate in CST research projects. Although research settings have been in developed countries (Brown, 2006; Choudhry et al., 2002; Giddings, 2005b; Kulwicki & Miller, 1999), recent immigrants from developing countries have been included as participants (Choudhry et al., 2002; Kulwicki & Miller, 1999). Methods of data analysis have included reflexive and dialectical critique (Choudhry et al., 2002), as well as

thematic (Giddings, 2005b) and template (Brown, 2006) analysis. Research outcomes have included community programming (Choudhry et al., 2002; Kulwicki & Miller, 1999), increased awareness of social injustices, and the desire or actualization of the desire to take actions that promote social justice and equity (Brown, 2006; Giddings, 2005b).

2.2. Sample

2.2.1. Recruitment

Convenience sampling techniques were used to recruit participants from a youth group known to the researcher. An initial information session was held to provide the group with both written and verbal information regarding the study. For those members of the group who were unable to attend this session, they were individually given detailed briefings prior to the commencement of the first research session they attended. Informed consent was obtained from youth who wished to participate in the study. Demographic surveys (Appendix A), to be recorded via paper and pencil instruments, were given to participants at the time that consent was provided.

2.2.2. Size

For research relying upon group processes, a sample of 8-12 participants is thought to be both feasible and adequate (Sim, 1998). Although this ideal sample size was emphasized to potential participants, the researcher did not wish to create divisions amongst the group by including some members and excluding others. Further, it was anticipated that even if a sample larger than 8-12 participants was recruited, it was unlikely that all participants would attend every research session.

2.2.3. Gender

The sample in CST informed research is drawn from an oppressed population (Kuokkanen & Leino-Kilpi, 2000; Maggs-Rapport, 2001). As previously indicated, both men and women may experience gendered vulnerabilities and it is important to acknowledge multiple expressions of gender and power. Further, the need for inclusivity prompted the decision to include both men and women as participants in this study.

2.2.4. Age

For reasons previously described, and because youth may face multiple vulnerabilities, the participants in this study were youth. The definition of "youth", referring to "every person

between the ages of 15 and 35 years" (African Union Commission, 2006, p. 3), was adopted from the *African Youth Charter*.

2.2.5. Language

A final inclusion criterion was that participants speak English. Research sessions were conducted in English for several reasons. First of all, the researcher does not speak Swahili. This capacity would have been most ideal, although most youth in urban Kenya do speak English. Secondly, dialogue is a central tenet of the CST research process (Stevens, 1989). Facilitating understanding between the researcher and participants was essential. Finally, data should be analyzed in the language of interaction between the researcher and participants to avoid compromising the integrity of the data (Twinn, 1998).

2.3. Setting

Kibera is an "informal settlement", more commonly known as a slum area, on the south-east outskirts of Nairobi, the capital city of Kenya. Originally housing a group of Nubian soldiers from Sudan who fought for Britain in World War II, Kibera's population has increased and changed dramatically over the years. Kibera spans an approximate area of one square mile, with population estimates ranging from 500,000 to 1,000,000. Some figures suggest that one quarter of Nairobi's population resides within Kibera. In addition to those who are born there, Kibera is a common point of entry for migrants from rural areas, who are searching for education and employment opportunities within Nairobi (Erulkar & Matheka, 2007). According to some locals, Kibera's status as being the world's oldest and second largest slum is infamous.

There are roughly 10 to 15 sub-districts or villages within Kibera. Each village tends to be dominated by a particular tribe, although all 42 existing tribes of Kenya, in addition to the Nubians, are represented within this setting. A railway runs through the center of Kibera, separating the poorest and most dangerous villages south of the tracks from the relatively richer and safer ones to the north. Although maps of Kibera are relatively inaccessible and those that exist vary widely, one is included in the figure below (Erulkar & Matheka, 2007).

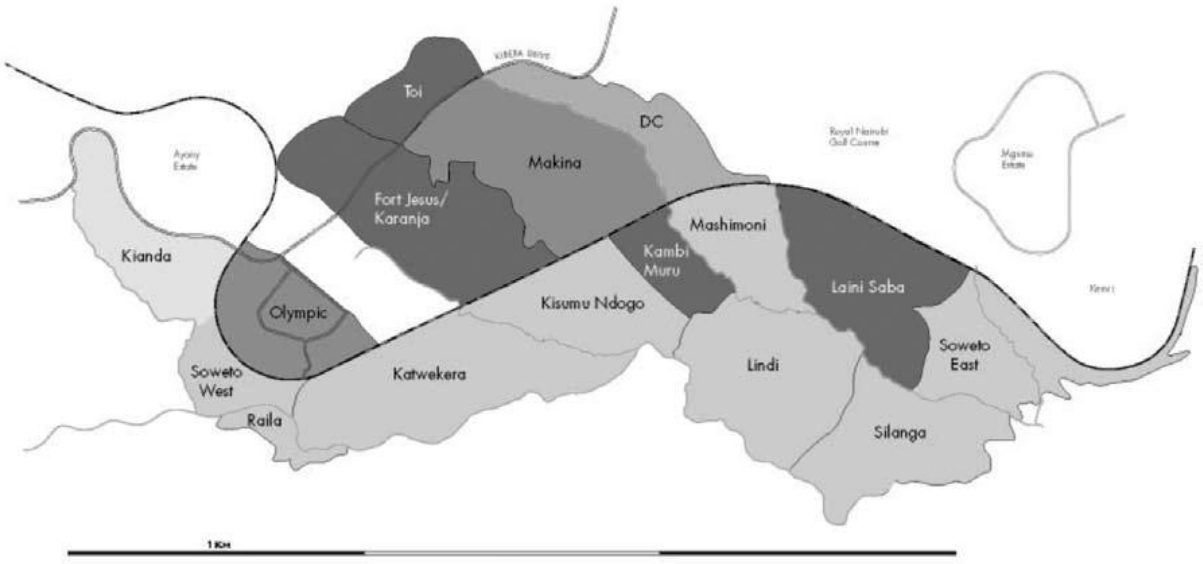

Figure 2.1. Map of Kibera, Kenya

The infrastructure and services necessary to promote the health and well-being of Kibera residents are lacking. Rooms, sized at approximately 10 square feet, and made of materials such as mud, wooden planks, or sheets of metal, often house entire families. Overcrowding exists within and between individual homes. There are few sanitation measures, including toilets, garbage disposal, and collection. Litter, including "flying toilets" (i.e., plastic bags containing human feces), accumulates along the unpaved roads, where goats wander freely, children play, and open air markets exist. For a price, law enforcement and security services may be provided by gang members, although being in the streets after dark remains unadvisable, even for residents themselves. Costs are also incurred for those individuals who wish to tap into illegal sources of electricity, which is otherwise unavailable, or obtain a portion of the limited supply of clean water in the area. Although signage, advertising a wide variety of community development projects, health services, and self-help or support groups, exists throughout Kibera, these services are fragmented and limited in scope. Further, the challenge of accessing limited resources often fosters a spirit of competition, rather than collaboration, between organizations. Poverty is prevalent within Kibera. Most residents earn meager livings, sustaining themselves through informal sector activities, such as petty trade or casual labor.

The Kenyan national elections, that occurred in December, 2007, further exacerbated the challenges experienced by Kibera residents. Corruption, including the purchase of votes during elections, is said to be relatively common practice within Kenyan society. It is also assumed that

individuals vote along tribal lines, as national resources are often said to be highly and disproportionately directed to members belonging to the same tribe as the President. In the 2007 elections, the national presidency was perceived to be unjustly stolen by the Kikuyu President from the Luo candidate. Although evidence supporting these suspicions later emerged, disputed election results ultimately led to a period of violence and instability that ranged from the destruction of property and looting, to forced circumcisions (a Kikuyu tribal ritual, unpracticed by Luos), rapes, and murders. The international media reported these clashes to be ethnically or tribally motivated, although numerous locals also attributed them to economic inequities.

Regardless of the underlying reasons for this violence, its continued negative impact on the nation, including residents of Kibera, were significant and remain evident long after the violence itself subsided. Thousands of Kenyans were internally and externally displaced, often settling in large camps, with limited to no shelter, medical services, or other basic necessities for survival. Resettlement was a slow process that was met with resistance, as Kenyans feared continued insecurity and potential repercussions for re-occupying homes that were now under "enemy" ownership. Further, a portion of Kenya's economy is agriculturally based. Food shortages were anticipated, as crops were destroyed and livestock killed or stolen. The cost of living was expected to rise significantly.

It is within this context that the research was conducted, over a period of three months, from mid-April to early July, 2008. The researcher entered the country shortly after the Canadian government deemed it to be safe for non-essential travel. Nevertheless, at the national level, political power struggles, constitutional reform, international mediation, and resettlement efforts continued. At the local level, the process of rebuilding destroyed homes, businesses, families, and communities had begun. These efforts remained in progress and were occurring country-wide, including within Kibera, throughout the entire data collection phase. Although the setting was one of destruction, there was continued hope for a more positive future.

This research occurred within a naturalistic environment, of greatest familiarity to participants, as opposed to the researcher. Although a setting for data collection should always be accessible to participants, in a place where they are accustomed to gathering, and feel comfortable expressing their views (Vissandjee, Abdool, & Dupere, 2002), it was particularly important given the political climate in Kenya. Research participants identified the community

hall within Kibera's Makina village as an appropriate and accessible location. Makina village is to the north of the railway line and is dominated by members of the Luo tribe.

2.4. Data Collection

2.4.1. Participatory Diagramming

Participatory diagramming is a qualitative, community driven method of data collection. It requires differentiation from participatory action research, which is a research epistemology. Nevertheless, the union of the method and epistemology may facilitate praxis, bridging academic research with political action (Kesby, 2000a). As previously stated, CST is the philosophical basis for participatory action research (Lindsey, Shields, & Stajduhar, 1999; Stevens, 1989).

As per protocol, following the development of the research questions and the explanation of participatory diagramming, participants worked collaboratively to create a diagram in "response" to the research questions or subsets thereof. As participants created the diagrams, the researcher was attentive to and recorded group dynamics, intervening in the process only when questions arose. Upon completion, each diagram was "interviewed", allowing the researcher to acquire a detailed explanation of it from the responsible agents. Where possible, the researcher explored the conflict and consensus that emerged during the process. Participants were prompted to analyze their responses to the researcher's question prompts and, where necessary, to clarify or refine the diagram accordingly. Information presented in the diagram was compared to previously created diagrams and other sources of information. Diagramming techniques were used sequentially which, according to Kesby (2000a), facilitates a natural flow of discussion.

Participants in research projects using diagramming techniques should know each other to facilitate post-research action. Participants should initially work in peer groups (classified according to age, gender, marital status, etc.) to facilitate the creation of information within a normative group. Subsequently, inclusive plenary sessions should be held with different peer groups so that all participants are exposed to the perspectives of others and may consider challenging dominant social ideology and role expectations (Kesby, 2000a). Due to the scope of this research, as well as the practical and philosophical challenges of creating a group that is entirely "normative", the diagrams were created within a heterogeneous group, who shared the commonalities of age, geographical community membership, and oppression in one form or another. Plenary sessions, described by Kesby (2000a) as involving an entire community, were beyond the scope of this research but will be considered for future use. Participants in this

research were, however, known to each other and this familiarity may catalyze ongoing discussion.

For the purpose of this research, Venn, Tree, Diamond, and Journey to the Future participatory diagrams were used. Each of these types of diagrams will be explored in more detail later in this paper.

2.4.2. Recording Data

Participatory diagrams may be created on the ground, using locally available materials, such as rocks or sticks (Kesby, 2000a). For the purpose of this research, paper and pencil instruments were used when separate diagrams were made in small groups. When diagrams were created in the plenary, with all participants, including both men and women, the chalk and chalkboard available in the community meeting hall were used. These instruments were most appropriate, available, and familiar to participants. Depending on the materials used in the creation of the diagrams, completed diagrams were photocopied, photographed, sketched, and/or scanned. Literacy levels were not of concern in the creation and documentation of participatory diagrams, as participants were instructed that pictures, words, or a combination of both could be used.

2.4.3. Strengths

There are several advantages to the use of participatory diagramming techniques. Diagrams can be created pictorially, facilitating the inclusion of illiterate group members (Kesby, 2000a; Mayoux, 2003), as well as those with less dominant personalities who are typically silent during verbal group interactions (Hopkins, 2006; Kesby, 2000a). Likewise, the diagrams can be a powerful tool for traditionally marginalized groups to share information with dominant groups (Kesby, 2000a; Kesby, 2000b). The use of "loose" materials such as rocks or sticks, pencils or chalk, makes it "acceptable" for participants to change or refine the information presented in their diagrams (Hopkins, 2006; Kesby, 2000a). Next, the process of "interviewing the diagram" can facilitate the discussion of sensitive topics that are already visible within the diagram (Gwanzura-Ottemoller & Kesby, 2005; Kesby, 2000b). Participants are also able and expected to be active partners in the analysis of the research data, enabling them to reflect upon their own lives and to develop solutions to their own problems (Hopkins, 2006; Kesby, 2000a; Kesby, 2000b). Their diagrams are a visual representation of the research results, making the research less extractive and affording participants increased ownership (Hopkins, 2006; Kesby, 2000a;

Kesby, 200b). Finally, creating the diagrams is often perceived to be fun and interesting (Hopkins, 2006; Kesby, 2000b).

2.4.4. Trustworthiness

A study conducted by Kesby (2000b) evaluating the effectiveness of participatory diagramming to improve communication about sexual health amongst women in rural Zimbabwe found that, when compared with the findings of research studies using more conventional methods of data collection, participatory diagramming provided richer and more nuanced data. It was found to be a reliable method of data collection. Participatory diagramming was also beneficial in assisting these women to generate, analyze, and to potentially act upon knowledge that may have otherwise only been available in academic journals. The participants in this research study deemed this technique of data collection to be beneficial, culturally appropriate, and recommended its use among men.

Although participatory diagramming can promote mobilization for culturally relevant and appropriate action, the technique also has merit within the academic community. Audit trails are established, as the process of creating participatory diagrams is essential to record. Member checking and triangulation are built in. Participants are actively involved in the interpretation and analysis of the data. They are asked to make comparisons between diagrams created within or outside of their peer group and with other sources of information. Meanings and categories of information are created by participants themselves (Kesby, 2000a).

2.5. Data Analysis

2.5.1. Reflexive Analysis

Qualitative data collection and analysis occurred simultaneously. Continued involvement of the youth was essential to enable them to make meaning of the data, uncover patterns, themes, and trends within, thereby assisting them to develop a sense of critical consciousness.

Reflexive analysis is commonly used in feminist and action research. Both are methodologies that have grown out of CST (Burns & Grove, 2005). Reflexive analysis assists in the identification of biases and assumptions. This is achievable through an examination of the data, group dynamics (including researcher-participant relationships), and the research process itself. Reflexive analysis can empower and assist in the development of critical consciousness (Finlay, 2002). It was therefore an appropriate strategy to assist youth in the critique of dominant ideologies and expressions of gender inequity.

Developing and maintaining critical self-awareness is the essence of reflexive analysis. This requires that one analyzes experiences as they are occurring; engages in introspection, as well as societal critiques; and performs self-analysis while remaining willing to self-disclose. By analyzing group interactions; the individual and collective structures that influence identity; and shared meaning in experience, reflexive analysis can assist those who are typically silenced to gain voice, empowering them to escape oppressive restraints (Finlay, 2002). These goals are fitting with those of CST.

Researchers using this technique must embrace subjectivity, recognizing that knowledge is co-constructed and rooted in dialogic and dialectical processes. Therefore, much attention is placed on process factors. Participants must be fully engaged in reflexive dialogue and critique. Differences in social positioning, such as those related to gender, race, or socio-economic status, must be deconstructed. The researcher must be a willing and engaged participant in the research. The biases of the researcher must also be identified and examined for their impact on the research process. Finally, an attitude that participants have the capacity to be fully engaged in all stages of the research process must be maintained (Finlay, 2002).

2.5.2. Application

To achieve the goal of reflexive analysis, a guideline for analyzing group interactions (Appendix B) was proposed. Adherence to this guideline was anticipated to encourage individual members of the group and the group as a whole to critically reflect upon common experiences and alliances, dominant and silenced viewpoints, conflict, disagreements, and consensus, vested interests, and emotional responses. It was also anticipated that it would assist participants to gain insight about their own experiences, and to develop a sense of critical consciousness (Stevens, 1996). This guideline was therefore deemed to be suitable for the analysis of participatory diagrams.

However, when used in the research process, several unanticipated challenges were encountered. In its first use, questions from the guideline were asked directly to participants. Participants seemed hesitant to respond to such direct questioning. Questioning was more successful when integrated into discussion, as it was occurring. Next, most participants wished to generalize discussions, rather than exploring the ways in which the general applied to their specific situations. For example, when one participant asked another whether she was empowered, that participant responded by saying “don’t personalize things.” Discussing issues

at a societal, rather than personal, level may have been more comfortable for participants. This may have also been due, in part, to the recent post-elections violence. As significant efforts were made to curb violence and promote peace, dialogue regarding power imbalances, conflict, and differences may have been quite sensitive for participants. To protect the psychological integrity of participants, the researcher did not force self-disclosure. The researcher's limited research experience may have also had an overall negative influence on the use of this guideline.

The potential impact of the Kenyan educational system should also be noted. Rather than prompting critical thinking in classrooms, particularly within the public school system, "learning" is encouraged by memorizing one "right" answer. Therefore within the research context, caution was exhibited in expressing thoughts and ideas that may not have been widely accepted as "correct." Further, the dominance of the instructor in the classroom setting may have paralleled the expected dominance of the researcher in the research setting.

Nevertheless, analysis techniques were built into the diagramming tools. Diagrams represent the process of data reduction and are a visual representation of the relationships between concepts (Corbin & Strauss, 2008). All data analysis was member checked with participants for accuracy.

2.6. Ethical Considerations

2.6.1. Ethical Approval

Ethical approval was sought and received from the University of Saskatchewan's Behavioral Research Ethics board in March, 2008 (Appendix C) and renewed in March, 2009. The research proposal was also submitted to the board of the youth group for review, and was approved.

2.6.2. Informed Consent

Verbal consent was obtained from all participants in this study. Prior to the commencement of the research, information-consent forms (Appendix D) were read and distributed to potential participants in a group setting, informing them of the purpose of the study, potential risks and benefits of their participation, and rights as participants. The same procedure was used for potential participants who were unable to attend this initial briefing. To allow time for proper information and consent to be provided, the researcher relied on word of mouth to ensure that youth who were interested in participating, but who were not present for the initial briefing were aware to arrive early at the first session they were able to attend. The

researcher arrived early at every session. For those youth who wished to participate in the study, the researcher signed and dated the consent form, indicating that the recruited participants indicated understanding of their rights and agreed to participate in the study. Copies of the consent forms were given to participants.

Minors under the age of 18 were included in this study. They were either orphans or youth living apart from their parents, who remained in rural areas of the country, while they searched for employment within the urban areas. Therefore, no additional measures for consent were necessary, as these individuals were treated as emancipated minors and provided consent as adults.

Process consent, as described by Loiselle and Profetto-McGrath (2004), was continuously negotiated with the youth. They were made aware that they were free to withdraw from the study at any time and without consequence. They were reminded of this right at the beginning of each session. The researcher encouraged the youth to contact her directly if they had any concerns regarding the research or their participation in it. She provided them with her local contact information and made them aware that she was available to discuss concerns either individually or collectively.

Because participants for this research were recruited from a pre-existing group, it was acknowledged that group members may feel obliged to participate, a risk described by Loiselle and Profetto-McGrath (2004). To minimize the risk of coercion, it was emphasized that no more than 12 participants per session would be ideal. Although the group from which participants were drawn was much larger than originally anticipated, as expected, more than half of the group members did not participate in any given session, thereby decreasing feelings of isolation for individuals who chose not to participate in the research. Nevertheless, to ensure inclusiveness, all members of the group were given the opportunity to participate and none was turned away.

2.6.3. Risks and Benefits

The primary benefit for participants in this study was the instigation of the short term change process, positively influencing gender equity for the benefit of both men and women alike. By exploring gender related issues, participants were prompted to develop a sense of critical consciousness. Sim (1998) suggested that group sessions, as provided to these participants, are safe forums to voice concerns and validate experiences. Finally, participation in

this study may have also given youth a greater understanding of the research process, potentially enhancing opportunities for future collaboration with other research teams or local organizations.

There were several foreseeable risks for the youth participating in this study. First of all, gender norms and inequities were anticipated to influence participation in group processes (Loiselle & Profetto-McGrath, 2004). To decrease this risk, any observations regarding group dynamics were shared with participants, prompting them to consider and rectify power imbalances and gender inequities within the group.

Poverty and the economically disadvantaged position of participants were also risks. This research required that youth take time away from their domestic or paid duties. To decrease the burden of participation, group sessions were scheduled at participating youth's convenience. To compensate for time and money lost, participants were paid a stipend. The amount paid was based on several factors. First of all, estimations provided in the United Nation's (2005) World Youth Report are that globally, 238 million youth live on less than 1 United States Dollar (USD) per day and 462 million live on less than 2 USD per day. The researcher's knowledge of the setting from which participants were drawn was another factor. She was aware that if it was assumed, for the purpose of this research, that youth in Kibera earned 2 USD/day, this was likely an overestimation. Finally, the available denominations of local Kenyan currency also influenced this decision. The researcher wished to avoid having to use multiple denominations or coins to pay participants their stipend. Based on these factors, participants were each paid 1000 Kenyan Shillings (KSh), which is roughly equivalent to14 USD. For those who attended all 9 research sessions, which was a minority of participants, this was approximately 1.50 USD per research session. This was still beyond most participants' average daily income. Participants were given their stipend at the first session they attended. To prevent coercion they were only informed of this stipend after agreeing to participate in the study (Loiselle & Profetto-McGrath, 2004). They were also made aware that they could keep the entire stipend, regardless of the number of research sessions attended or if they decided to withdraw from the research.

Emotional risks for youth may have included the discussion of potentially sensitive subjects, differing educational levels and literacy rates between participants, the potential inclusion of participants from competing tribes within the community, and potential power imbalances between the researcher and participants (Loiselle & Profetto-McGrath, 2004). These risks were decreased through the use of participatory activities, allowing the youth to guide

discussion and to address conflict within the group. The pictorial creation of information ensured that all members of the group could be actively involved. Finally, because group members were already known to one another and to the researcher, emotional risks may have also been decreased.

2.6.4. Anonymity and Confidentiality

Due to their participation in a group process, youth risked a loss of confidentiality. Participants were informed of this risk. The importance of maintaining confidentiality within the group was discussed at the initial briefing session and was reiterated at the beginning of each session. A confidentiality clause was also included as part of the consent to participate in the research. Participants were assured that confidentiality would be maintained by the researcher, by ensuring that no individual identifying information will appear in research reports (Loiselle & Profetto-McGrath, 2004).

Once each diagram was completed, the notes taken by the researcher were read to participants. They were given the opportunity add, alter, or withdraw any or all of the information within. Subsequently, they were read and given a copy of a transcript release form (Appendix E), signed and dated by the researcher. Notes taken throughout the research process were not transcribed verbatim and therefore results have only been reported in aggregate form.

2.6.5. Storage of Data

While in Kenya, all types of research data were safeguarded by keeping them in a locked cabinet. According to university regulations, all data has since been stored at the University of Saskatchewan and will be kept there for a minimum of five years.

2.6.6. Knowledge Dissemination and Translation

The primary purpose of this research was for the preparation of a thesis. However, within professional and academic spheres, other methods of dissemination, such as journal articles and conference presentations, may also be considered. These papers and presentations will be shared with participants, to assure them that their voices and perspectives, as they portrayed them within the research, are being heard by an international audience. Original papers and presentations will be sent to participants, as well as "executive summaries", written in plain language and accompanied by images, as appropriate, to accommodate differences in fluency levels. Those group members who are literate will be asked to read such documents to those who are not.

Within the Kiberan and Kenyan context, strategies for knowledge dissemination and translation will be explored with the participants when the researcher returns to Kenya. It is anticipated that participants will play the leadership role in the dissemination of results within their community. As appropriate, the researcher will also connect participants with a local non-governmental organization that the researcher partnered with on her previous experience in Kenya. This organization has political affiliations and may be better equipped than participants to prompt a societal change approach to health promotion.

CHAPTER THREE

3. FINDINGS

This chapter focuses on the description of participants' demographic characteristics, as well as the research findings. The process used to create each of four types of participatory diagrams, as well as the outcome, are included. Data was analyzed and the implications of the research findings are discussed.

3.1. Demographics

During the course of this research, 49 participants (21 men and 28 women) were recruited. This sample size was much larger than originally anticipated. Prior to the commencement of the research, the researcher understood that there were 35 members in the youth group. She did not realize this only accounted for the registered members, but that the group included non-registered members as well.

On average, 26 participants were present at each research session. The majority of research sessions (at least 5 out of 9) were attended by 27 of the 49 participants. No significant differences in attendance were noted between men and women. Out of 49 participants, 52% of the men and 57% of the women attended the majority of research sessions. At all sessions, however, women were present in higher numbers than men.

All participants in this research spoke English. Despite English being one of Kenya's official languages (Central Intelligence Agency [CIA], 2009), differing fluency levels were evident. This difference did not appear to be entirely dependent on gender. It is estimated that 90.6% of male and 79.7% of female Kenyans aged 15 and older can read and write, although the language of literacy is not specified. On average, Kenyan men have a school life expectancy of 10 years, whereas women's is 9 (CIA, 2009). The variation in language competency is recognized to be a limitation of this research.

Completed demographic surveys were returned by 23 women and 8 men. Overall, this 63% return rate is slightly higher than the 55% overall participation rate (i.e., the number of participants who attended the majority of meetings). By gender, however, women's survey response rate was significantly higher at 74%, whereas men's was 26%, despite both genders

being comparable for attendance. The gender difference in survey response rates may reflect a variety of factors, including literacy rates, the relative importance attributed to the research, or regard for perceived authority. Regardless of the reasons for the gendered differences between survey response rates, it is noted that the following demographics are more representative of the characteristics of female participants. This completion variance also prevented gendered comparisons.

Participants in this study were diverse. Their ages ranged from 16 to 36 years, which was representative of the youth group's membership. Participants' average age was 24.6, with a median of 24. This is higher than the national median age of 18.7 (CIA, 2009). A majority of participants (62.1%) lived in Makina village, with others coming from neighbouring areas in Kibera - 13.8% from Katwekera; 6.9% from both Lindi and Olympic; and 3.4% each from Soweto, Toi, and Mashimoni. Ethnically, the largest representation was from the Nubian tribe, although, at 29.0%, this was not a majority. Participants from the Kamba, Luo, and Luyha tribes formed 22.6%, 19.4%, and 12.9% of the group, respectively. Those from the Kalenjin, Kisii, and Kikuyu tribes were the minority, with 9.7% being from the aforementioned tribe and 3.2% each from the latter 2. Representation from religious groups was relatively equal, with 38.7% of participants identifying as Catholic, 35.5% as Muslim, and 25.8% as Protestant. The majority of participants in this research was either single (41.9%) or married (38.7%). Others were divorced (3.2%), widowed (3.2%), or "in a relationship, but not married" (12.9%). Education levels differed between participants, although there were nearly an equal number of participants at both extremes, with 32.3% of participants having attained primary school or less and 35.5% having secondary school (Form IV) or more, as their highest stated level of education. Of the remaining participants, 6.4% had completed Form I, 19.4% Form II, and 6.4% Form III. The majority (90%) of participants in this study was unemployed and 83.3% were living on less than 50 KSh per day, which is roughly equivalent to 70 cents US. This income may have been obtained through the means such as begging or selling small items on the streets. On an average daily basis, only 6.7% of participants earned more than 200KSh, 3.3% between 101 KSh and 150 KSh, and 6.7% between 51KSh and 100 KSh.

Overall, the demographic characteristics of participants in this research are not representative of national demographics, thereby limiting the ability to generalize research findings to a wider population. Select demographic characteristics of research participants are

compared with national demographics in the figures below. National figures have been retrieved from the CIA World Factbook (2009).

Ethnically, when compared with national demographics, individuals from the Nubian tribe were over-represented and those from the Kikuyu tribe were under-represented in the current research. This variance may be related to the fact that Kibera was originally occupied by Nubians or the structure of Kibera, where people from the same or allied tribes live together in one village or sub-district. Within the current research, the majority of participants were from Makina, which may impact the representation of individuals from varying tribes. It should be noted that the value in the figure below, labelled as the national representation of Nubians, actually represents "other Africans", not Nubians alone. Obtaining data about the national representation of Nubians within Kenya is difficult, as Nubians, who originate from Sudan, are not legally recognized as Kenyan citizens.

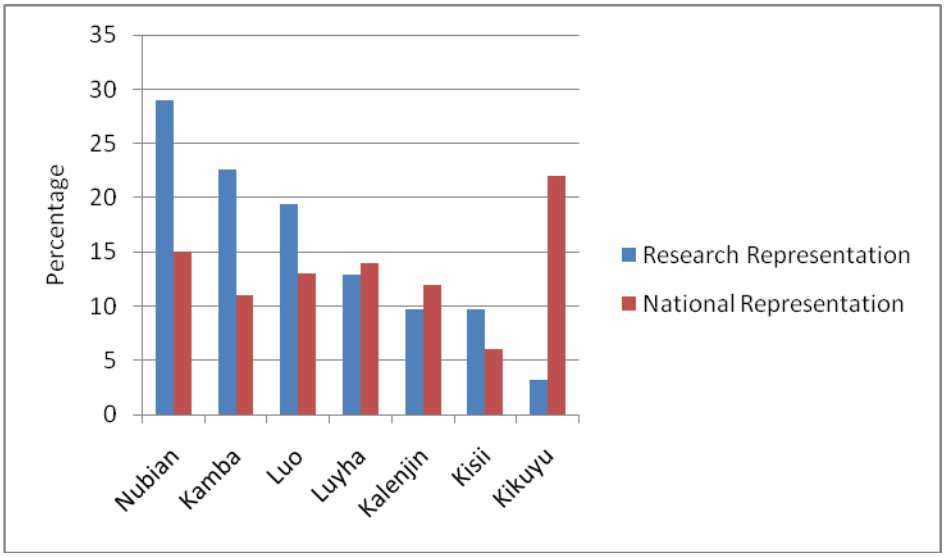

Figure 3.1. National Versus Research Comparison of Tribal Membership

The over-representation of Nubians within the current research may also account for the over-representation of individuals who self-identified as Muslim. Nubians traditionally adhere to Islamic religious beliefs.

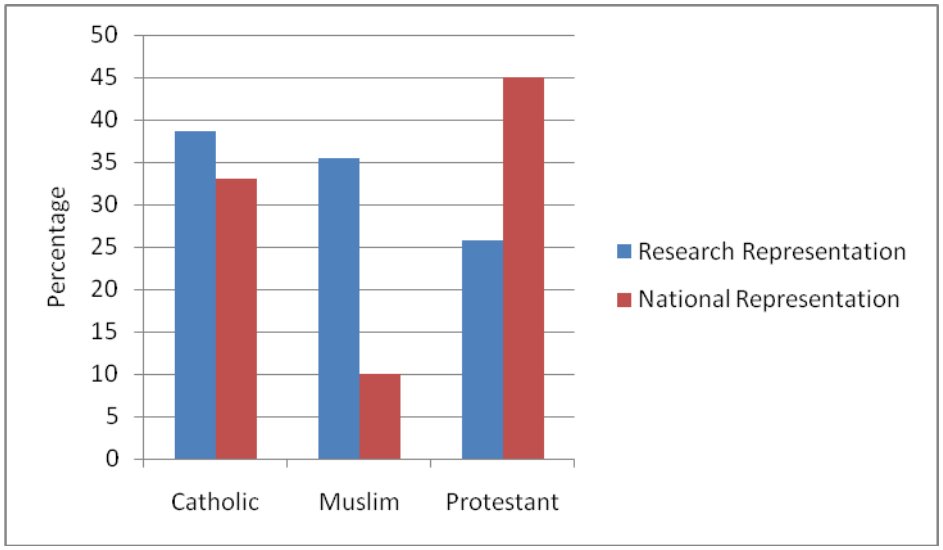

Figure 3.2. National Versus Research Comparison of Religious Beliefs

Finally, unemployment rates of participants in the current research were higher than national rates. Considering that participants in the current research were drawn from a slum area, this variance was expected. Whether unemployed or underemployed, fifty percent of Kenyans live below the poverty line (CIA, 2009).

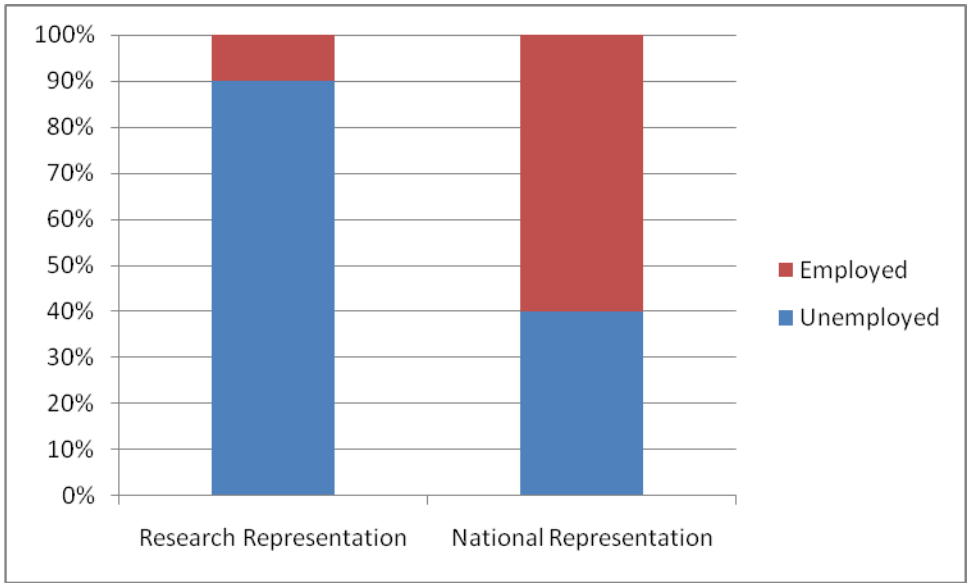

Figure 3.3. National Versus Research Comparison of Employment Status

3.2. Venn Diagrams

3.2.1. Process

Venn diagrams are useful in gaining a visual representation of power relations and patterns of discrimination (Mayoux, 2003). For the purpose of this research, they were used to depict traditional spheres of influence in decision making, including where these spheres overlapped. Participants were informed of this purpose. They were given both written and verbal instructions in English about how to create the diagram (Appendix F), and were encouraged to ask questions at any time. Discussion regarding the relative size of the circles, as well as what happened within each circle or overlapping circle was encouraged. To create the diagram, participants were divided into two groups, according to gender. The women's group comprised 14 participants, whereas the men's comprised 12.

Both groups independently formed a closed circle, with the researcher on the outside. In both groups, it appeared as though a leader, who reviewed the written instructions, was informally selected. Within the men's group, discussion primarily began among three men. Participation from the rest of the men increased with time. Their discussion seemed intense in nature. The women divided themselves into three sub-groups. They were more active participants than the men and, subsequently, took more time to decide on content to place on the diagram. The women's discussion was accentuated with smiles and laughter. Both men and women asked minimal questions throughout the process. As the researcher circulated between groups, particularly nearing the end of the session, participants believed they were "holding up" the researcher. A different concept of time and involvement was noted to exist between the participants and researcher.

The process of "interviewing" the diagrams, member checking, and initial analysis was conducted at the following research session. Group participation was limited. A representative from both groups presented the diagram that had been created. As the researcher questioned the diagrams, group members would often look to the group representative to answer the researcher's questions, although everyone's participation was encouraged. Further, as the women's group presented their diagram first, the men were whispering amongst themselves, revising their diagram, thereby creating distractions. Conflict or disagreement ensued as the men's diagram was presented and statements such as "women aren't important and that is a fact

my dears" were made. Although the women protested such statements, men primarily appeared to get the final say.

3.2.2. Data

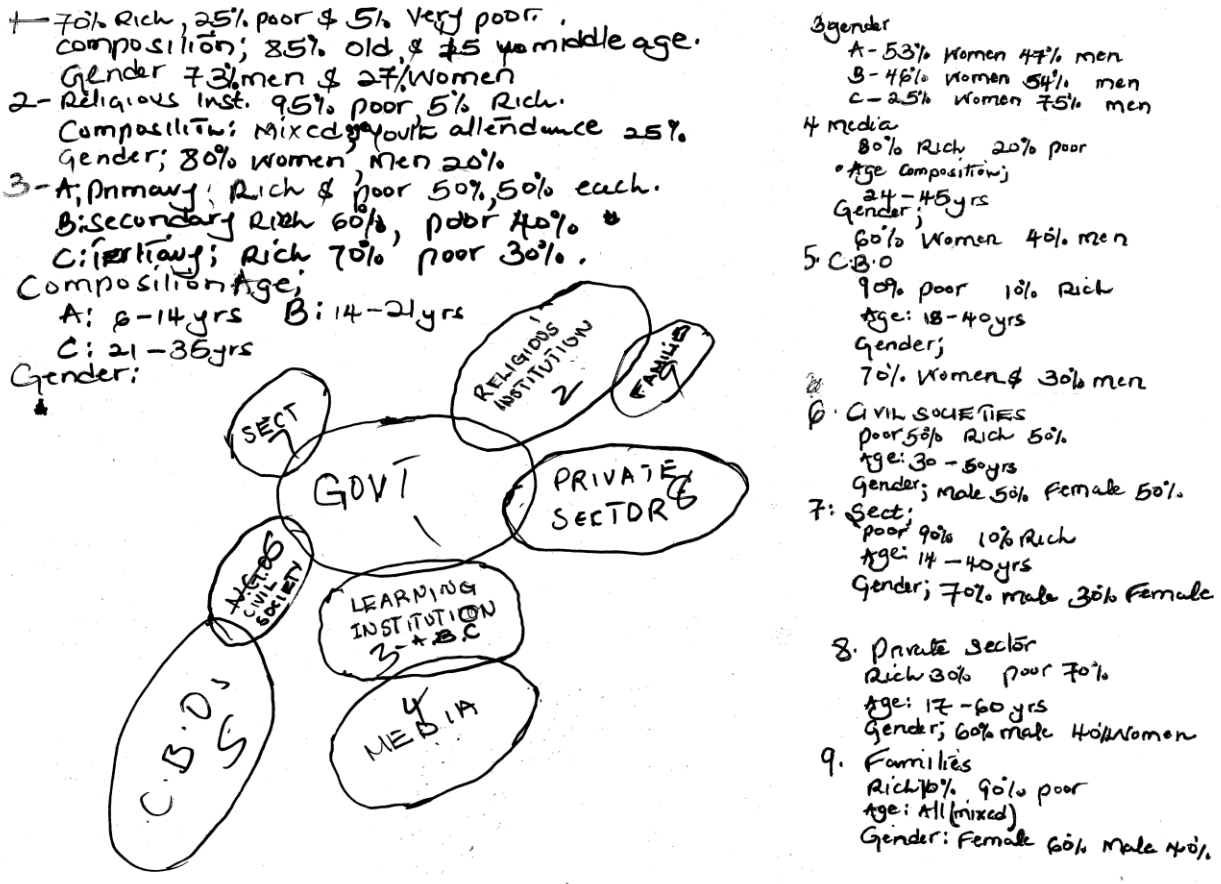

Figure 3.4. Men's Venn Diagram

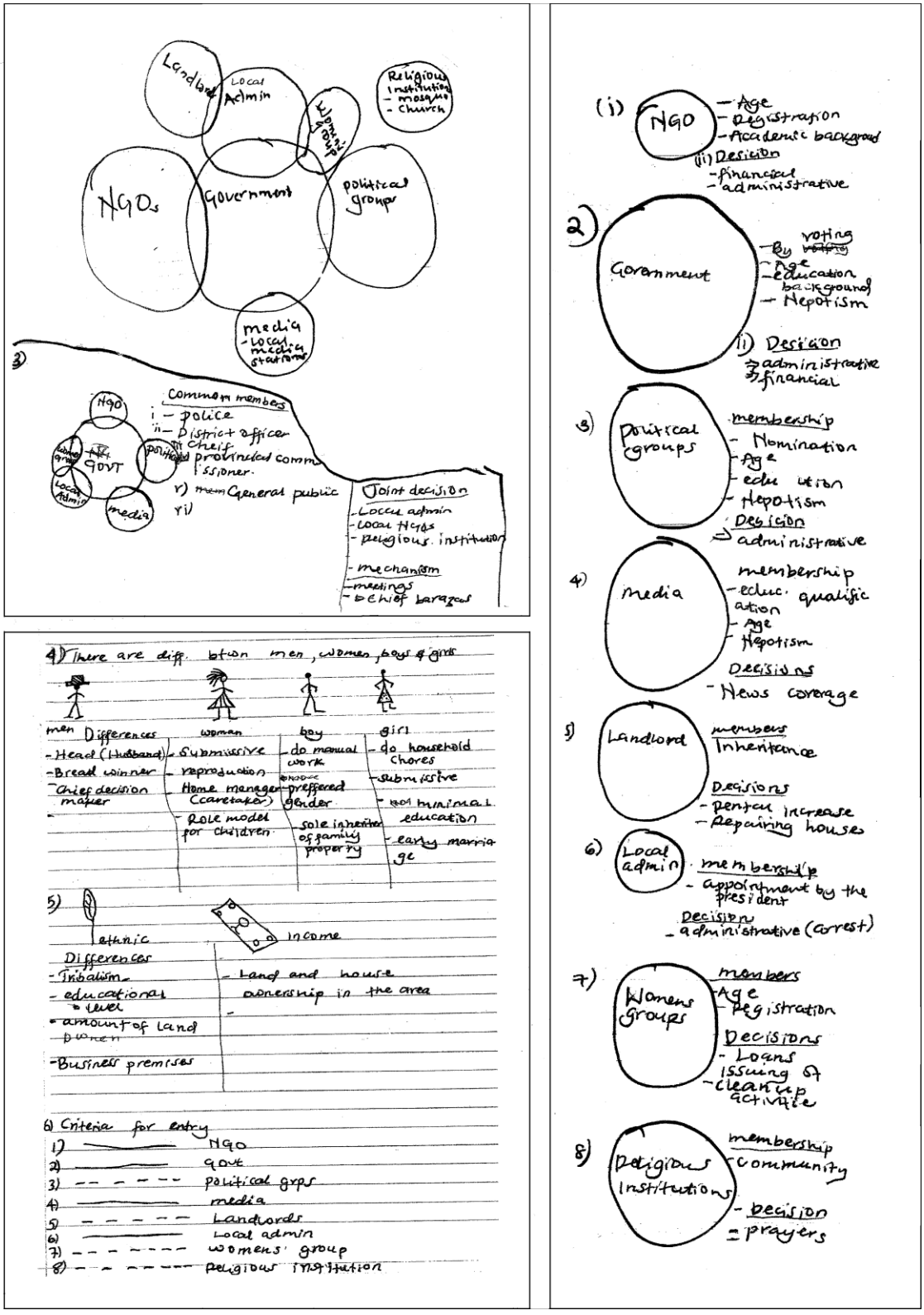

Figure 3.5. Women's Venn Diagram

Two diagrams resulted from the above process. In both diagrams, the government was identified as central, with most other influence groups being either directly or indirectly attached. Civil society or non-governmental organizations (NGOs), community based organizations (CBOs), including women's groups, the media, and religious institutions were other common influence groups. The women assigned greater importance to NGOs and lesser importance to women's groups, whereas the reverse was suggested by the men. The men suggested that religious institutions were affiliated with the government, whereas the women identified these institutions as independent entities. Sects, learning institutions, the private sector, and families were influence groups that were unique to the men's diagram. Landlords, local administration, and political groups were unique to the women's capture.

Men identified the criteria for entry to these influence groups according to gender, income, and age. Women concurred on these and added ethnic, academic, and family background. They also identified certain processes for inclusion, such as registration, voting, nominations, and presidential appointments.

Traditional gender roles were reflected in both diagrams. In the men's diagram, men were portrayed as the holding the majority in government, secondary and tertiary learning institutions, sects, and the private sector. The former two groups were said to be primarily composed of the rich, whereas the latter were primarily composed of the poor. The men believed that women were the majority in religious institutions, the media, CBOs, and families. With the exception of the media, these groups were said to be composed primarily of the poor. With respect to age and the size of the circles, the data were inconclusive.

In the women's diagram, the narrative described women as submissive, minimally educated, caretakers within the home, and role models for their children. Early marriage existed amongst girls and reproduction was one of women's defining roles. Male was described as the preferred gender, and, as such, men were the heads of households and chief decision makers. Their role was described in financial terms, as the breadwinners and sole inheritors of family property. The nature of other differences, such as those related to age and income, were unclear in the diagram alone.

3.2.3. Analysis

Analysis was conducted as previously described. Participants agreed that "money is power" and the demonstration of influence primarily appeared to be dependent on economic

status. Therefore, it may be expected that dominant ideology is transmitted through wealthy individuals or institutions, such as the government or media, whose overall group membership and composition is of the rich. This ideology likely preserves and advances the self interest of those groups. Whether the meaning was literal, figurative, or a combination of both, participants believed that a "good" leader was someone who could continue to make people poor, ensuring and perpetuating their followers' dependency.

Socio-economic status appeared to create opportunities for some, while neglecting the potential and abilities of others. For example, admission to colleges and polytechnics was based, not on qualifications, but on bribes. Such a system, where financial power is abused, ensures that rich continue to advance their own agenda, while the poor are denied opportunity, subsequently decreasing their ability to keep their "leaders" accountable. Examples of politicians buying votes from the poor or misusing the poor in sects for political gain were cited to support this conjecture. An element of desperation was evident, as participants indicated that the poor would do anything to "go home with something in their pockets." In relation to illegal sects, such as the Vigilante, Mungiki, or Taliban, financial abuse by politicians appeared to create lateral violence. Due to the security services that surrounded politicians, when the youth in sects were "dumped", frustration and retaliation could not be directed at the politicians themselves. Instead, these emotions and actions were directed at those accessible individuals belonging to the same tribe as the politician, potentiating ethnic animosity.

Family membership, whether tribal or ethnic, appeared to form the social element of socio-economic status. For example, although admission into educational institutions could be bought, family membership was also said to have an impact on both education and employment opportunities. Having the appropriate connections with sufficient power in the appropriate positions could facilitate an individual's ability to advance within society. At a national level, the president's tribe was seen as the most powerful. Nevertheless, participants acknowledged that this shifting perception of tribal power with changing governments was not necessarily accurate. Overall, it appeared as though individuals attributed priority to those who belonged to their same tribes, regardless of or prior to considering the interests or qualifications of others.

Participants described a relationship between socio-economic status, age, and power. For research participants, who were young and poor, this intersection was noted as creating further marginalization. They were excluded from making decisions that would affect them and felt

there was little youthful representation in government, an omission which was also evidenced within the Ministry of Youth Affairs. Participants expressed frustration with the government's lack of consultation with, understanding of, and ability to make appropriate decisions for youth. Although one might assume that men's dominance in government would ensure that a man's agenda was advanced, participants refuted this perception. Vested interests were in the old and the rich, thereby marginalizing the youth and the poor, regardless of gender.

Nevertheless, inequitable power relationships between genders were described. Women were considered to be secondary to men. These beliefs were attributed to religious teachings, where "man is head." Considering that religious leaders, particularly within Catholic and Muslim communities, are typically men and, those within Kenyan society were also said to be rich, these become vehicles for advancing dominant ideologies within these settings. Using religious authority to reinforce inequitable gender relationships, which negatively impact health and development, perpetuates the dependency that Kenyan leaders sought to achieve. Participation in religious communities was said to provide a source hope, particularly for the poor and women who would go there to "pray for better husbands and families." Nevertheless, there were indications that youth were resisting religious authority, not only because few youth focused events were held within these institutions, but, more importantly, because the youth were said to lack the necessary commitment to follow the associated rules and regulations of these institutions.

The origin of the beliefs that prioritize men over women is recognized to be complex and beyond the scope of this paper. Regardless of origin, these beliefs were said to be perpetuated at all levels - government, community, and household. Men dominated decision-making at all levels, whether as Presidents, members of Parliament, chiefs, landlords, or husbands. Nevertheless, the scope of decision making, ranging from the President at the top of the hierarchy to the majority of men or husbands at the bottom, should be acknowledged. The socio-economic factors described previously, significantly decreased the decision making power of those men at the bottom.

Women's roles were described as secondary or supportive, primarily consisting of reproductive, childcare, and other domestic duties. Differences existed between women's definition of their own roles, when compared to men's. Women emphasized reproduction, whereas men emphasized the importance of family. However, when discussing children, men

only acknowledged sons. The exclusion of daughters may indicate that men ascribed greater value to familial lineage or producing a male offspring for property inheritance. In reporting their role to be "reproductive", women likely realized this dynamic.

Further, men indicated a reliance on women to "take good care of the family", noting this responsibility required time. However, uncertainty appeared to exist among men surrounding whether women could provide appropriate guidance to sons. In the absence of appropriate guidance, men believed that sons would become thieves and criminals. Despite the severity of these consequences, when women challenged men to participate in the household or family sphere, men deemed it to be impossible due to the commitments associated with their roles as providers. According to the men, the time required for and significance of women's caretaking role was not deemed to be comparable to the "struggles" associated with men's provider role.

Marriage appeared to be an expectation, particularly among leaders, women, and the poor. For leaders, most notably men, marriage indicated selflessness and a willingness to care for others; for women, it was the means through which they would be cared for; and finally, for the poor, it was a reproductive means, so they would not have to "stay alone." Particularly within the context of early marriage among girls and the value ascribed to women's reproductive role, women may not have the opportunity to complete their education, placing them within the household and their husbands within the workforce. Further, both men and women gained respect through marriage. When individuals married, some indicated that their life experience and wisdom increased by the age of their partner. For example, if a 20 year old woman married a 24 year old man, they would both be perceived to have 44 years of experience. It is unlikely, if not impossible, that an individual could gain this respect based on merit alone. Societal expectations and values regarding marriage may have reinforced women's caretaking roles and men's breadwinning roles. According to participants, the only deviation rested with the rich, who could marry at a much later age due to their involvement in education and employment opportunities.

Polygamous marriage was an area of contention based on gender perspectives. Whereas men's dominance in the society was often attributed to religious beliefs, the "acceptability" of polygamy was attributed, by men, to national demographics. A gendered population distribution of 40% men and 60% women provided the stated authority for men to marry multiple women. Women contested this statement which indicated their disapproval of polygamy. Nevertheless,

for men, polygamy may have been an expression of their socially constructed roles as providers. The significance of marriage, including polygamous relationships, was further explored and clarified in subsequent diagrams.

Traditionally and socially constructed gender roles were deeply engrained in both genders. For example, amongst illegal sects, who presumably defy authority, women's involvement was said to exist because men could not "fight on empty stomachs." Therefore, even within this context, men fulfilled their roles as tough breadwinners or providers, while women fulfilled theirs as supporters or caretakers in a synergistic relationship.

Experiences and interpretations of power varied between men and women. Women focused greater attention on authority, whereas men frequently referenced socio-economic indicators, such as financial status, wealth, or poverty. For example, both men and women frequently referred to the government as a central or ultimate source of power. However, women made statements such as "government makes the laws and there is nothing you can do about it, but follow their decisions", whereas men made statements such as "there are no poor politicians and therefore the voice of a poor man will never be heard." Although the vulnerability experienced by both genders is evidenced, these statements further reflect previously described expectations that women obey and men provide.

Socially constructed gender roles appeared to create challenges for both men and women, particularly when coupled with poverty. However, the nature of these challenges differed. For women, their domestic roles appeared to decrease mobility, as well as access to education and employment. Unlike their male counterparts, women did not identify learning institutions or places of employment within their diagram. This absence did not indicate ignorance, as they did acknowledge academic and financial criteria for entry into certain influence groups, but rather boundaries and an awareness of these sources of discrimination. The women focused at the local level, with attention being concentrated on influence groups within their immediate environment, such as chiefs, councilors, landlords, or women's groups. In relation to influence groups that were also identified by men, such as the media, women specified their reference to be to "local media stations."

Men's outlook was broad, perhaps indicating the influence of access and exposure to Nairobi's large urban and diverse environment. Nevertheless, men also bore the responsibility of being, or trying to meet the expectation of being, the breadwinners. Men made reference to the

private sector in their diagram, citing agriculture, such as coffee or tea farming, to be a common and important source of income for the poor. Such opportunities were not available within Kibera or Nairobi. Competition for employment was high, as Nairobi appeared to be the city where dreams were thought to be made. However, for those men who came from rural areas, obtaining paid employment may have been more challenging than farming for sustenance and may have caused transitioning identities. Men's ability to meet their expectations as providers was likely closely related to pride.

Overall, it appeared as though male was the dominant gender. Nevertheless, the social construction of gender, including the challenges that it created for both genders, should not be overlooked. Further, participants identified other structural factors, such as socio-economic status, ethnicity, age, and marital status, which could interface to disadvantage and silence both genders. Ascribed power was therefore more complex than gender alone.

Participants were also able to identify entities and institutions that mediated a sense of powerlessness, such as CBOs, women's groups, religious institutions, and civil society. The strength of CBOs rested with community members themselves and CBOs were said to be informative agents to government. Women's groups provided a forum for women to make decisions independently, with no outside involvement. Religious institutions provided a source of hope, particularly for women and the poor. Participants stated that discrimination did not exist in any of these organizations because participation was free. Finally, although civil society and NGOs were said to be informative agents to the government, watchdogs, and advocates for the poor, membership was said to be based on financial status, age, and education. The role and actual contribution of informative agents was not further explored in this research.

Participants concluded that inclusive, non-discriminatory approaches were necessary for forward progress. They advocated for unity amongst the young and old, men and women, and people of different tribes. They acknowledged that such a positive change would require education, financial resources, political will, and, essentially, support from the rich and powerful.

3.2.4. Discussion

Dialogue surrounding the Venn diagram was related to decision-making power and, as such, was fundamentally intertwined with empowerment and health promoting capacities, or the lack thereof. Empowerment has been defined as the "process [...] by which people, organizations, and communities gain mastery over their affairs" (Rappaport, 1987, p. 122),

whereas health promotion has been defined as "the process of enabling people to increase control over and to improve their health" (WHO, 1986, p. 1). Regardless of the numerous definitional variations within the literature, 'power', including decision-making power, is central to both processes. The positive relationship between health and empowerment has been well-documented (Wallerstein, 2006), to the extent that ill-health has been conceptualized as powerlessness (Strandmark, 2004) and health as empowerment (Jones & Meleis, 1993). Participants in this research identified numerous factors that could limit their ability to control their lives and affairs, subsequently threatening their health and well being.

Socio-economic status is often identified as the greatest determinant of health, with poverty being the greatest threat. Within the current research, significant value was ascribed to socio-economic status and participants noted how poverty could diminish their opportunities to participate in quality education and valid employment opportunities. Low levels of literacy, resulting from the lack of quality education, have not only been associated with stress and reduced self-confidence, but also with a decreased ability to secure employment. In turn, the lack of access to employment, including under- and un- employment, and poor working conditions, including job insecurity and decreased career mobility are associated with both physical and psychological morbidity, as well as premature mortality. The types and conditions of employment, particularly in low income or status jobs, can expose individuals to occupational hazards. For participants in the current research, these hazards were significant. For example, illegal "employment" in sects, could predispose individuals to physical violence and incarceration, whereas legal employment in the private sector was likely heavy work, with an economic return that was insufficient for sustenance. Many middle and low income countries have not achieved regulatory standards that have functioned in higher income countries to improve working conditions (CNA, 2005b; Commission on Social Determinants of Health, 2008; Vollman, Anderson, & McFarlane, 2004; Wallerstein, 2002**)**

The adverse psychosocial impacts of poverty, including decreased decision making power, as well as the physical effects of material deprivation, should not be underestimated. Negative health outcomes are experienced as fundamental prerequisites to health, such as peace, shelter, and food, are often inaccessible or unobtainable. The risk is increased in neighbourhoods or communities of concentrated disadvantage, such as the Kibera slum, where basic human rights are often denied and the physical environment alone can increase the risk for infectious and

communicable diseases, malnutrition, and accidental or violent injuries. Poverty and low living standards influence the life course, particularly through their negative effects on early childhood development, resulting in the transmission of poverty from generation to generation and threatening population health and equity (CNA, 2005b; Commission on Social Determinants of Health, 2008; Wallerstein, 2002). Participants in the current research indicated their understanding and experience of the relationships between numerous prerequisites for and determinants of health. More specific implications for health, such as the lack of access to medication, increased prevalence of communicable diseases, and mortality, were identified in other diagrams. Overall however, participants identified how poverty decreased the quality and quantity of options available to individuals, families, groups, and communities, thereby limiting their ability control their own lives, health, and destiny.

The ability to exert power extended beyond the economic realm to social and cultural practices, beliefs, and priorities. Age, gender, marital status, and ethnicity were described as factors that could influence societal respect, status, and decision making abilities. With the exception of marital status, it is significant to note that these factors were beyond participants' control and changing the structures that promote such values and ideologies is challenging. Such beliefs are not only evidenced on a local scale, but the literature also suggests they may be national, continental, and international in nature. For example, internationally, women and youth are often identified as vulnerable populations (Wallerstein, 2006); continentally, a literature review regarding gender in the African population suggests that non-marriage and childlessness is associated with considerable social stigma (Dodoo & Frost, 2008); and finally, locally, in surveys and interviews of 1675 youth aged 10 to 19 living in Kibera, the majority of respondents reported obtaining their employment either through friends or family (Erulkar & Matheka, 2007), potentially indicating the importance of ethnicity. As participants in the current research indicated, those who do not conform to or fit social norms may be subject to social discrimination and exclusion, denying them the opportunity to participate in the activities expected of them, leaving them in precarious positions, and often increasing the risk of poverty and poor health (CNA, 2005b; Wallerstein, 2002).

Although the previously mentioned factors created consequences for both men and women who participated in the current research, differential gendered treatment was said to enhance risk for women, as their status generally appeared to be lower than men's. However,

differentiating the effects of gender from those of poverty is difficult. The most significant area of exclusion for women that was independent of financial status appeared to be land ownership or inheritance. Although the male participants could not afford land in Nairobi or Kibera, they would likely inherit a rural plot- an option which was traditionally unavailable to women. Therefore, as a determinant of health, gender is not only recognized to influence the types of diseases and conditions that men and women differentially suffer from, but can also influence health through systematic discrimination, biases in entitlements, resources, and power, and the inequitable ways in which society, organizations, and programs are structured and run. In turn, such structures can lead to violence against women, discriminatory feeding patterns, fewer options for employment, lesser income for equivalent work, and decreased decision-making power (Commission on Social Determinants of Health, 2008).

The inequities, including gender inequities, that are evidenced in the daily lives and circumstances of these individuals result from social, economic, and political forces. More specifically, they result from poor governance and policies, decreased investment in social programming and the public sector, and the overall inequitable distribution of power, resources, goods, and services at both national and international levels. For example, under-investment in infrastructure and the lack of amenities in rural areas has contributed to migration from rural to urban areas, compounding the problem of urban slum-dwelling. The privatization of health care and limited, if any, public welfare or social protection programs in some middle and low income countries threatens health throughout the lifespan (Commission on Social Determinants of Health, 2008). Such decisions are made at a level beyond the individual and reflect the devaluation of the world's most vulnerable populations. Participants in the current research identified the significance of political will, matched with the allocation of financial resources to successfully affect and implement changes to current social structures. They also alluded to the importance of social programming, noting that discrimination was decreased or eliminated when social services were provided free of charge.

A significant protective factor for participants in this research appeared to be social support networks. Throughout Africa, strong family and kinship systems exist. Although rarely acknowledged, even cultural practices, such as polygamy, have been suggested to have benefits, including the division of labor between multiple wives or the provision for one wife's rest following childbirth (Latvala, 2006). However, polygamy was not endorsed by women in the

current research and it is recognized that the HIV/AIDS epidemic significantly alters the risk-benefit analysis of this practice. Nevertheless, a strong sense of community continued to remain evident and valued (Dodoo & Frost, 2008; Latvala, 2006). Social support from family, friends, and communities may equip individuals with the resources they need to cope, particularly in difficult situations, and is linked to positive health outcomes (CNA, 2005b; Vollman, Anderson, & McFarlane, 2004). For participants in the current research, particularly women, these benefits would appear to be mixed. Although participation in, for example, CBOs or religious institutions, may have provided participants with emotional support, obtaining instrumental support may have been challenging since the spheres in which participants were most involved were primarily composed of the poor. Possibly for this reason, women ascribed greater value to NGOs as opposed to CBOs, as the NGOs that were operating in the area were often internationally funded and equipped with greater resources.

Finally, participants in this research suggested the importance of gaining political empowerment, inclusion, and voice. However, as previously discussed, they identified numerous factors that could threaten this ability. Further, within the literature, it is suggested that basic actions to ensure visibility and acknowledgement of existence are not consistently met in Africa. For example, it has been estimated that 55% of births in sub-Saharan Africa are unregistered (Commission on Social Determinants of Health, 2008) and a study of adolescents from Kibera reveals that the majority of eligible adolescents did not have a national identity card that indicates their citizenship (Erulkar & Matheka, 2007). With invisibility that begins at birth and transpires into adulthood, it is difficult for individuals to effectively represent their needs and interests, which would empower them to challenge social hierarchy and the inequitable distribution of social resources that determine health. Therefore, both bottom-up and top-down approaches are vital to achieving social justice and health equity (Commission on Social Determinants of Health, 2008).

3.3. Tree Diagram

3.3.1. Process

A tree diagram was used to determine the root causes and effects of gender inequity. Participants were informed of this purpose. A unanimous decision was made to place "gender inequity" at the trunk of the tree, which represented the central concept of the diagram. Participants were then encouraged to discuss the rational for the presentation of the roots, trunk,

and branches of the tree. Tree diagrams are not only easy to use and understand, but are also beneficial in raising awareness and in the synthesis of complex information (Mayoux, 2003).

Ten men and 19 women were present at this session. The researcher facilitated the creation and discussion (Appendix G) of the diagram in the plenary session, with all 29 participants. A male participant volunteered to create the pictorial representation of participants' discussion on a chalkboard at the front of the meeting hall. Towards the end of the session, the group's chairperson took a lead role in translating or clarifying some of the researcher's questions for the rest of the group, likely prompting more discussion than the researcher could have facilitated on her own.

The diagram was concurrently interviewed by the researcher. A member check was conducted at the following session. Participants did not believe that anything needed to be added, altered, or deleted from the original diagram or the researcher's notes.

3.3.2. Data

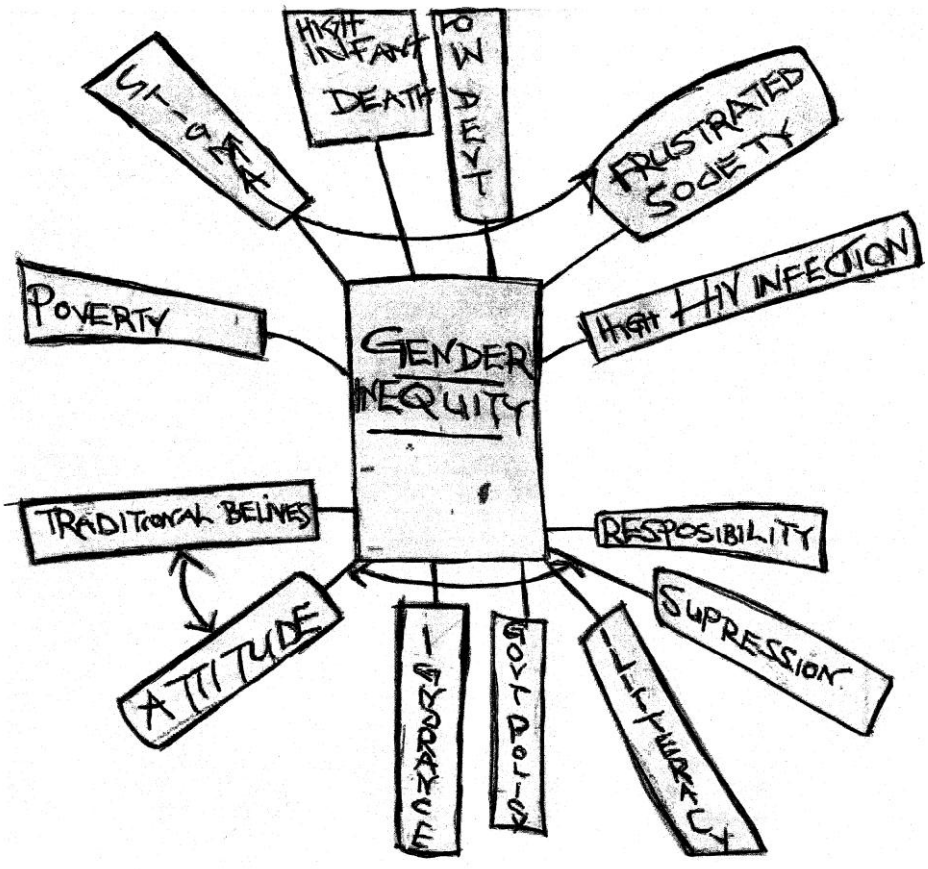

Figure 3.6. Tree Diagram

The process resulted in one tree diagram. As previously indicated, "gender inequity" was placed on the trunk. The roots of the tree represented what participants believed to be the causes of gender inequity. Those roots identified by the women included ignorance, illiteracy, and traditional culture. Those identified by the men included attitudes, the lack of government support, responsibility, and suppression. The most important roots of the tree were considered to be traditional culture, ignorance, lack of government support, illiteracy, and suppression. Relationships were said to exist between traditional beliefs and attitudes; attitudes and suppression.

The branches of the tree represented what participants believed to be the outcomes of gender inequity. Women identified poverty, stigma, high infant mortality rates, and HIV infection rates as branches. Men identified a low level of development in the nation and frustrated men as branches, although the latter was changed to a frustrated society, after women indicated they were frustrated as well. Poverty, stigma, high HIV infection rates, and a low level of development in the nation were thought to be the most important braches on the tree, with everything being first of all related to poverty and secondly, to a low level of development. Implications for the future were discussed.

3.3.3. Analysis

Oppression and inequity, including gender inequity, appeared to be influenced by opportunity and ability, whether real or perceived. Traditional culture and accepted responsibility appeared to legitimate men's attitudes of superiority. Traditional culture prevented women from participating in the same activities as men and responsibility was defined as women's belief that they were incapable of participating in the same activities as men. The dynamic between culture and responsibility is complex. If not given the opportunity to gain the skills required for full participation in society, for example, through education, it is unlikely that women's contributions could match those of men. The result would be similar if opportunities did exist for women, but they believed they were incapable of capitalizing on these opportunities. It is difficult to ascertain whether men's culturally ascribed superiority resulted in fewer opportunities for women, whether women's level of participation in society resulted in men's attitudes of superiority, or a combination of both.

The complexity of establishing cause and effect relationships was revealed, if not compounded, through the dialogue surrounding ignorance and illiteracy. Participants agreed that

both ignorance and illiteracy were grounded in gender differences in knowledge of rights. Women believed that ignorance was a conscious, willful, or purposeful choice, where women did not want to either learn or use their rights. They believed that illiteracy occurred when, through no fault or choice of their own, women did not know their rights. Men disagreed and believed that women's definition of illiteracy actually represented ignorance.

Women's definition of ignorance- the choice to ignore- was quite literal in nature. Considering the urban setting for this research, as well as the numerous CBOs and NGOs that were operating within Kibera itself, women likely had ample opportunity to learn about their rights. Further, the close proximity of living quarters and the speed at which word of mouth spread throughout these quarters, likely ensured that women were aware of these opportunities. Although the reasons for making a choice to ignore opportunities were not explored, women's definition of ignorance implies some analysis of costs, risks, and benefits, where the benefits may have outweighed disadvantages. Their definition also assumes that women had true freedom of choice, although this achievement would likely be a considerable challenge for financially impoverished women in this patriarchal society.

A distinction between knowledge and its application may be necessary. This distinction was not made by participants. Although women may be able to control choices surrounding the acquisition of knowledge, external factors could likely prevent them from applying this knowledge. In cases where external forces override internal desire, it was not indicated whether these women would be considered ignorant, illiterate, or suppressed. Therefore, although it is possible that some women did not capitalize on the opportunities available to them, enforcing their right to full and equal participation in society may have also been challenging. In either scenario, the impetus and imperative for change likely rests with both men and women.

Achieving change may require a redistribution of responsibility. However, both men and women believed they maintained greater responsibility than the other gender. For example, men stated that "if God decided there should be no more men in the world, the world would end." Rather than acknowledging the significance and necessity of the contributions made by each gender, the types of contributions were explored. Men appeared to ascribe greater value to "tough" (e.g., soldiers), heavy (e.g., tilling the fields), and paid (e.g., members of Parliament, engineers) contributions. Women argued that unpaid (e.g., housework) and lighter (e.g., digging in the fields) duties were also important. Although men's superiority was attributed to religious

beliefs in the Venn diagrams, this dialogue would suggest that financial and biological differences were also important. Men's roles as providers may have influenced their beliefs about the significance of paid employment.

Nevertheless, the men in this research were not participating in any of the activities that were cited as being important. For example, within Kibera, there were no fields to till. Their characteristics differed significantly from those men who were soldiers maintaining security, engineers building the nation, and politicians ruling the country. It is unclear whether they gained their superiority simply because they were men or whether it had to be earned through sound contributions to society. Nevertheless, both men and women acknowledged that limited opportunity existed for them and men reported feeling suppressed by those "above" them.

Men also framed the lack of government support within the context of unequal employment opportunities. Women did not believe that government was relevant in discussions of gender inequity, as the government was "encouraging people to work together." Men agreed that this message had been endorsed by government, but reported that it did not translate into action on the ground. They maintained that as long as a man was head of state, it would be difficult to achieve equity. This statement was one of men's few acknowledgements of the potential contributions that women could make to society and that a man's dominance was currently ineffective.

The impact of gender inequity, which appeared to be particularly significant for women, was explicated in the tree diagram. It should be noted that many of the risks for women were discussed in the context of women's independence from men. With the exception of the risk of becoming infected with HIV in a polygamous relationship, the assumption appeared to be that, if married, women and their children would be well cared for by their male counterparts. Independence from men may have been the greatest risk for women.

The inequitable distribution of resources, as well as the lack of education and employment opportunities, resulted in poverty. The impact of poverty was deemed to be greater for women. Women were less powerful than men and were either systematically excluded from opportunities or unable to access a similar proportion of resources as men. In the absence of a male provider, women's only viable option for caring for themselves or, where applicable, their children, appeared to be the sale of their bodies through prostitution. Prostitution compounded

risk, leaving women more susceptible to contracting HIV and vulnerable to unwanted pregnancies.

The risk of contracting HIV did not only exist with prostitution. Ignorance and the lack of education regarding methods of prevention were also said to contribute to increased HIV infection rates. The cultural practice of polygamy was of particular significance to women. Within this context, women noted that "when one man gets infected with HIV, all women end up getting it." Women's low socio-economic status and financial dependency on men appeared to be detrimental to their health. However, this relationship appeared to be one of competing risks. If married, polygamous relationships could expose women to HIV. However, if unmarried, women and any resulting children would not necessarily be cared for by their male counterparts, which would likely lead them into lives of prostitution, which would again increase risk of exposure to HIV.

Gender inequity not only appeared to threaten women's health, but also children's health. Infant mortality was said to be caused either through abortion, natural means (e.g., malnutrition), or by killing a child after birth (e.g., drowning). The risks for infants born to mothers who "jumped around" from partner to partner was considered to be greater, as it would be difficult to identify the father of the child for support. Although men believed they also suffered as a result of infant mortality, the greatest burden and responsibility was said to be left with women themselves. In the absence of a man to provide, women's options for self-sufficiency or to provide care for their children were limited.

Nevertheless, the impact of gender inequity for both men and women was noted. Stigma was said to exist, causing low self-esteem in women, but depending on the situation was also experienced by men. Suppression and the inequitable distribution of resources was said to result in a low level of development in the nation, where citizens could not reach their maximum level of productivity. This burden was shared by both men and women, potentially indicating that inequity and the abuse of power does not benefit *all* men. Finally, both genders felt that the other gender was more powerful at different times, which was said to frustrate society as a whole. Men appeared to be threatened by the "powerful women" who were "cropping up" in society. A lack of role understanding between genders was noted and may have contributed to the feeling of threat.

Finally, in their discussion of future implications, participants demonstrated their broad understanding of gender inequity, indicating that a multi-level approach was necessary to address it. Recommendations were made for individual psychosocial change, which included strategies such as confidence building, effective conflict resolution, enhancing self-awareness, developing positive family values, and keeping an open mind. Although women are usually stereotyped as the "softer" gender, men were also supportive of these types of approaches. Next, participants recommended a behaviour change approach to inequity. The primary strategy was through education to enhance knowledge, increase awareness, and, ultimately, to achieve community sensitization. Participants' final recommendation was a societal change approach. Government support and the existence of bodies which advocated for the rights of both women and men were deemed to be necessary. Participants also stated that they could take an interest in the policies that affected them and influence government, through groups like their own, for inclusion.

3.3.4. Discussion

Although interrelationships and some overlap existed between the roots and branches identified in the tree diagram, the roots primarily reflected the significance of acknowledging the socio-cultural, political, and economic context of gender inequity, whereas dialogue surrounding the branches had specific implications for women's and children's health, as well as health and development in general. In its entirety, the tree diagram closely reflected issues that are to be addressed by the MDGs and, as the midpoint of the 2015 target for achieving the MDGs has recently passed, there has been interest in the evaluation of progress made, as well as the effectiveness of the strategies used to help attain the goals (UN, 2008). Based on participants' experiences and suggestions, considerable work still needs to occur if the MDGs are to be achieved in the Kiberan context.

Numerous suggestions, as described herein, have been made that, without acknowledgement of or intervention to change the structural and contextual factors that influence health and development, the MDGs will neither be achievable, nor sustainable. In the current research, the economic context, resulting in the lack of education and employment opportunities for both men and women, appeared to be significant. Although poverty was identified as an outcome of gender inequity which disproportionately affected women, it was believed to be directly related to all other health and development outcomes. Participants identified the need for support at the national political level to address inequities of all types. Similar suggestions have

been made within the literature. For example, a retrospective ecological study across 88 countries, which aimed to explore the social and political context of poverty eradication suggests that out of nine contextual variables studied, the factor most significantly associated with non-attainment of this goal was decreased government consumption per capita, followed by losses in balance between imports and exports, and greater inequality between family income distribution within a nation (Palma-Solis, Gil-Gonzalez, Alverez-Dardet, & Ruiz-Cantero, 2008).

The importance of collaborative international political relations has also been suggested within the literature, particularly since low income countries rely on high income countries for development aid. In addition to the challenge of many higher income countries falling short of financial targets for the provision of aid, the priorities of and accountabilities to donor countries often supercede recipient government priorities and accountabilities to their citizens (Muteshi, 2008). Although participants in the current research did not identify the significance of international political relations, to a certain extent, these relationships appear to mirror those that participants identified on a more local level, where financial status and economic independence appeared to be the most important indicators and determinants of decision making power.

Within the Kenyan context, a significant political and economic challenge was corruption. This challenge was mentioned in all other diagrams, but not explicitly stated in the tree diagram. Within the tree diagram, however, the references to an inequitable distribution of resources and the experience of being suppressed likely also encompassed the abuse of public power for personal gain. Kenya has a corruption perceptions index (CPI) of 2.1 (http://www.transparency.org/policy_research/surveys_indices/cpi), indicating that citizens perceive corruption to be rampant in their country. Globally, out of 180 countries where CPI scores have been obtained, Kenya ranked 147th in 2008, which comparatively illustrates the severity of the issue (Transparency International, 2008). Internally, a national survey of 2,405 respondents from all nine Kenyan provinces, representing both rural and urban areas, revealed that corruption is experienced on many fronts. The request for and payment of bribes was most prevalent in encounters with law enforcement officials, accounting for nearly one half of all bribes paid, followed by efforts to obtain services such as health care, education, and utilities, including water and electricity, which accounted for slightly over one quarter. Business and employment related bribes accounted for a minimal percentage, but were the most costly to pay. On average, securing a job costs upwards of 5000 KSh which is roughly equivalent to 75 USD

(Transparency International Kenya, 2006). The implications for public welfare, health, and development are so severe, particularly in lower income countries, such as Kenya, that corruption has been described as a humanitarian disaster. For impoverished citizens, such as those who participated in the current research, encounters with such a barrier, particularly when trying to obtain services such as health care, may mean the difference between life and death (Transparency International, 2008). Therefore, within the context of the MDGs, any attempts to increase access to and utilization of education, health care, or employment opportunities, would need to be mindful of this barrier, which, with the exception of those with political power, likely reflects insufficient wages that need to be supported with or enhanced by bribes.

Beyond the political and economic spheres, research participants also highlighted the importance of the social context, noting how attitudinal and cultural norms could contribute to the creation, reproduction, and maintenance of inequities. Within the literature, several authors, whose work is described herein, have made similar suggestions, acknowledging that individuals are more complex than the diseases they have or the challenges they face. They propose that solutions must not occur in isolation from or disregard for the contextual factors that are often deeply engrained within societal structures and the social norms that shape citizens' lives and experiences (Chibber et al., 2008; Dodoo & Frost, 2008; Franklin, 2008; Nordtveit, 2008).

Within the education sector, based on a case study of a women's literacy program in Senegal, Nordtveit (2008) contends that many internationally financed "education for all" programs have become synonymous with an increased supply of low quality education, which may not even result in learners' literacy and which are even less likely to address factors such as nutritional status or child-parent-society interactions which may either function to facilitate or hinder learning. Nordtveit concludes that multi-sectoral approaches and integrated service delivery would likely be most effective in breaking cycles of poverty and promoting health for all. The United Nations Development Fund For Women [UNIFEM] (2008) also suggests that, in itself, education will not ensure access to employment for women, freedom from sexual harassment, and ultimately, women's ability to determine and control their own lives and destiny. Instead, UNIFEM proposes that MDG targets such as parity in educational enrolment between girls and boys will simply start building the foundation for the achievement of gender equality and women's empowerment. The relevance of these conclusions was illustrated in the current research participants' dialogue surrounding ignorance and illiteracy. The availability of

education regarding women's rights was not sufficient to ensure women's attendance in these classes, nor did it predict or enable the application of knowledge.

Within the health sector, similar conclusions have been drawn. A review of the global literature regarding gender inequity related exposures and women's health reveals issues with traditional service delivery, which is often compartmentalized and disease specific. The authors suggest the need to restructure services around exposure to common risk factors and pathways that may influence several health outcomes. They conclude that health promotion necessitates comprehensive approaches, encompassing the social, economic, and political context in which women are situated (Chibber et al., 2008). Dodoo & Frost (2008) offer similar suggestions, after conducting a review of the literature from sub-Saharan Africa regarding gender, fertility, and reproductive health. They maintain that, without sufficient attention to the structures and cultural contracts, such as bride-wealth payments, that seemingly permit men's authority to override women's preferences, that attempts to achieve equality and efforts to empower women through increased education or employment opportunities will not be appropriate, effective, or sustainable. Participants in the current research clearly illustrated the connection between contextual factors, such as poverty and a nation's low level of development, cultural practices and beliefs, such as polygamy and the devaluation of women and women's work, and health outcomes, such as infant mortality and HIV infection rates.

Finally, in a critique of the strategies used to achieve the MDGs, Franklin (2008) acknowledges that time-bound interventions and results-based management, which is often directed by external consultants and "experts", has facilitated some gains in the health and education sectors. However, he cautions that overlooking the constant power flux between the rich and poor, powerful and powerless, men and women, may exacerbate tensions between individuals, families, groups, communities, and governments, producing unintentional consequences and repercussions while attempting to achieve equity. The men who participated in the current research, who suggested they were becoming frustrated with the powerful women who were cropping up in society, would likely agree with this cautionary advice. Franklin concludes that communities need "safe spaces", where sensitive topics can be discussed, people are comfortable expressing their views, differing opinions are heard and respected, and despite differences, people can agree on action strategies and ultimately, direct the changes in their own lives.

3.4. Diamond Diagrams

3.4.1. Process

Diamond diagrams were used to explore social differentiation within the community (Mayoux, 2003). Participants were informed of this purpose. They were prompted to discuss categories of differentiation and their defining criteria, as well as where the majority of community members belonged within these categories, the relative ease or difficulty of moving between categories, and patterns of constraints to social inclusion.

Twelve male and 18 female participants were randomly numbered into three groups of 10, which included both men and women, although women were the majority in each. A different phenomenon, either gender inequity, poverty, or empowerment, was assigned to each group. All groups were given both written (Appendix H) and verbal instructions in English about how to create the diagram. They were also provided with an example of the diagram, created by the researcher. This example was unrelated to any of the concepts explored in this research. Participants were encouraged to ask questions at any time.

In two of the three groups, members informally nominated men to pictorially document the group's discussion. On observation by the researcher, all group members were active participants. This session was accentuated with plenty of laughter and discussion. Unlike the experience with the Venn diagrams, when one of the groups finished their diagram, they encouraged the others to complete in an expeditious manner. This may have reflected increased comfort with both the process and researcher.

The process of interviewing the diagrams, member checking, and initial analysis was conducted at the following research session. A representative from each of the groups presented the diagram that was created. Despite having group representatives lead their particular group's diagram discussion, all participants were active in answering the researcher's questions.

3.4.2. Data

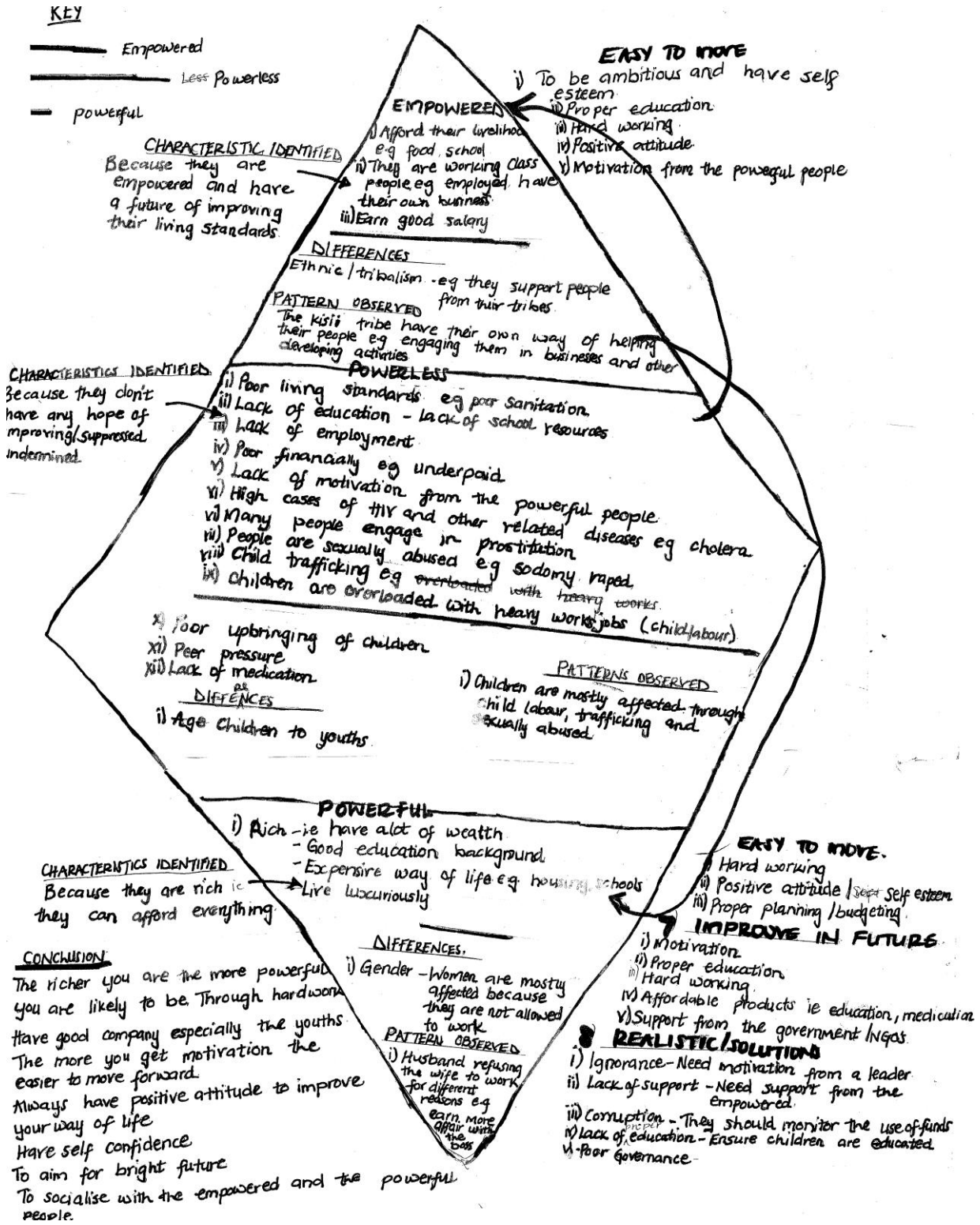

Figure 3.7. Empowerment Diamond

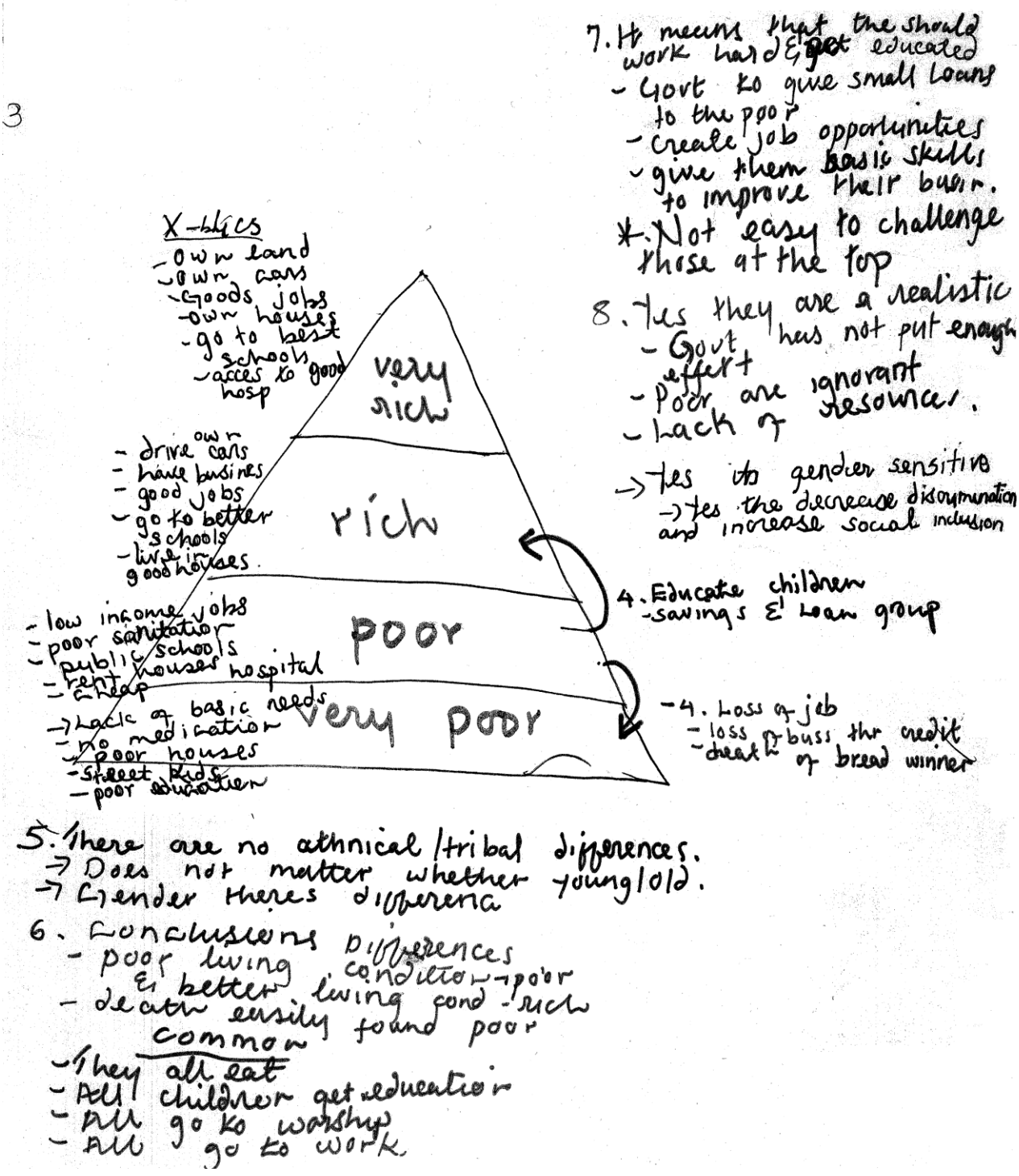

Figure 3.8. Poverty Diamond

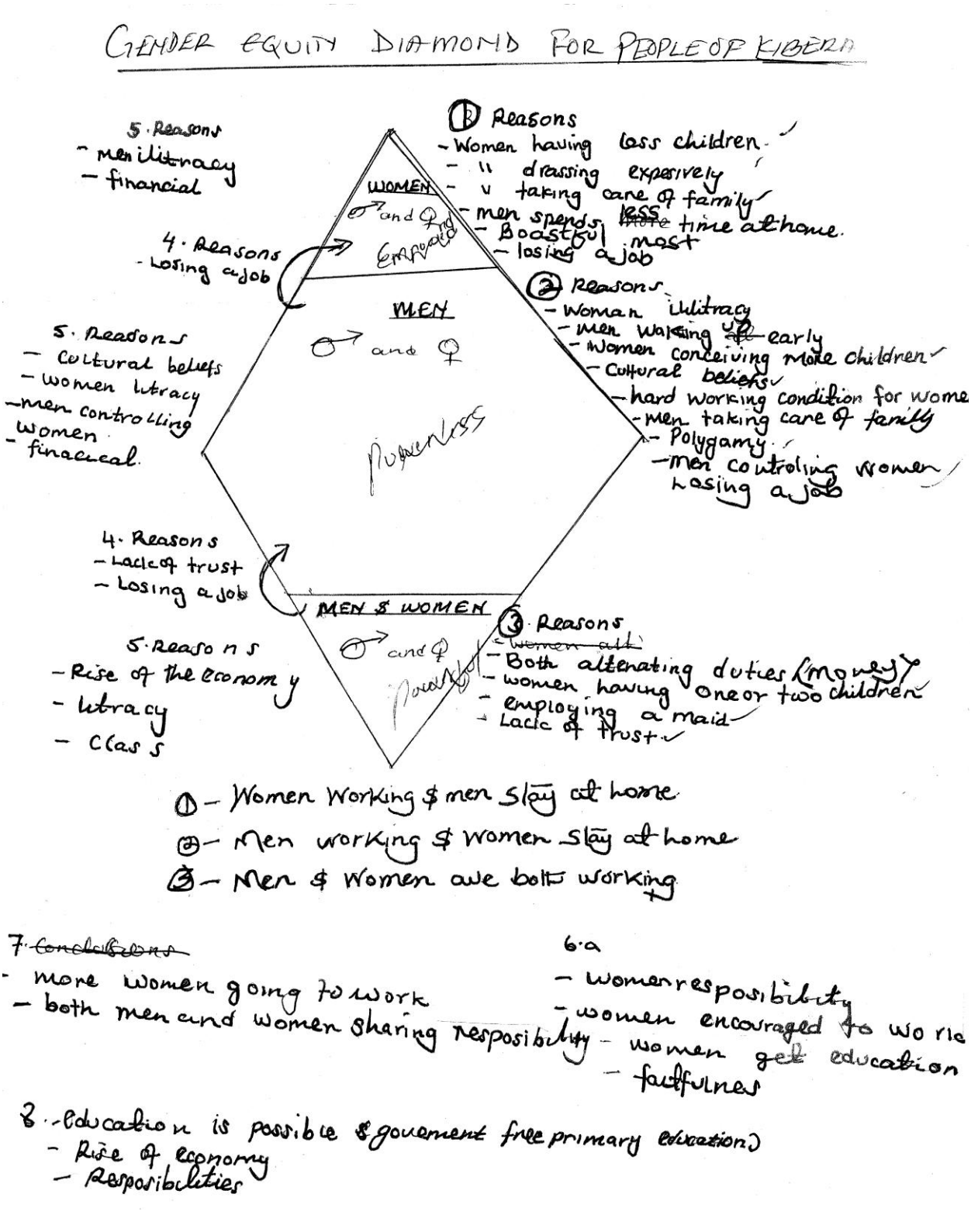

Figure 3.9. Gender Equity Diamond

The above process resulted in an empowerment, gender inequity, and poverty diamond, although the latter was shaped as a triangle. Categories in the empowerment diamond included "empowered", "powerless", and "powerful"; those in the gender inequity diamond included "only women working", "only men working", and "both men and women working"; and finally, those in the poverty diamond included "very rich", "rich", "poor", and "very poor". The majority of the Kibera community was described as powerless, poor or very poor, and one where only men worked.

The empowerment and poverty diamonds were similar. The criteria used in both revolved around affordability, whether for housing, education, or health care. The quality and quantity of purchased goods and services increased as one became richer or more powerful. Although the use of financial criteria was expected in the poverty diamond, it was unexpected in the empowerment diamond**.** Gender differences and implications for health, including an increased prevalence of communicable diseases and lack of access to medication among the most vulnerable populations, were noted. In both of these diagrams, inconsistencies appeared to exist regarding movement between differing levels or categories on the diagram. For example, within the empowerment diamond, although the powerless were said to have no hope of improving their situation without motivation or support from the powerful, it was also said that upwards movement could exist if individuals had ambition and self-esteem. Similarly, within the poverty diamond, it was concluded that people should work hard, but many of the stated strategies to alleviate poverty required government support.

Financial criteria of differentiation were also used in the gender inequity diamond. Gender inequity was defined according to employment status, whether men, women, or both men and women were working. However, this diagram not only revolved around financial factors, but also structural factors, such as cultural beliefs and education, and individual factors, such as the amount of time spent at home or the level of trust within a relationship. Literacy levels were discussed as affecting employment and when women were employed, pregnancies were said to decrease.

3.4.3. Analysis

The primarily economic definitions of gender equity, empowerment, and prosperity were congruent with information presented in previous diagrams. For women, considering that their traditional roles were not economically oriented, achieving these "ideals" would be a

considerable challenge. For men, although it was socially acceptable for them to strive toward prosperity and empowerment, it was also an expectation and potentially a significant source of stress, as they would face numerous structural barriers in the process. Deconstructing the extent to which prosperity, empowerment, and gender equity were ideals and for whom, was complex. Nevertheless, financial status continued to be a valued predictor and indicator of well-being.

Ambivalence regarding current gender roles was noted. To a certain extent, there was a mutual dependency on men's financial and women's domestic roles. For example, some women indicated they would only marry men who were able to provide for them, that they liked being in their homes, and having their husbands take care of them. A practical attitude was noted as one woman stated "you don't eat on love." The men indicated a reliance on women to perform domestic duties, regardless of either's employment status. Frustration existed when either gender could not meet role expectations. An example was provided about unemployed, inebriated men coming home and requesting food from their wives. Due to men's unemployment, there would be no food in the house for women to prepare, but anger would be directed at women. When both men and women were meeting role expectations, even to a minimal extent, any changes to the current order would mean loss. Men noted a loss of balance and women a loss of tradition. Further, even if both men and women were employed, the income may still be insufficient, thereby enhancing a sense of loss. Several advantages of conformity and costs of challenging it were noted.

Exceptions to the "natural" order would be rich, powerful, and employed women. Both men and women indicated that women became "boastful" when they entered the workforce. These women were said to "talk too much", and made attempts to belittle, diminish, or disrespect men and their role as head of household. Although it was noted that men also belittle women, religious beliefs, where "man is head", were once again cited and said to provide men with ultimate authority and responsibility, regardless of women's success. Value appeared to be ascribed to women's submissiveness. To maintain this characteristic, even if women had more education and a greater potential for earning than their husbands, men preferred that women remain in the household. The distrust and jealousy of employed women was noted in both the gender inequity and empowerment diamonds. These feelings could diminish women's employment opportunities or end existing ones.

However, it was acknowledged that if employed women were believed to be threats, poverty would be exacerbated. Employment was deemed to be necessary for women, provided that the terms of employment were defined by men. Some felt that women's employment should be within or close to the home, potentially indicating participants' difficulties envisioning women's role within the workforce. Men may have also experienced hesitancy regarding women's employment status because, in scenarios where both men and women were employed, the norm was to rely upon the man's income as the primary source of income, even if it was significantly less than the woman's. Women controlled the money they earned, independently of men. Clothing was said to be a primary source of spending amongst women. Such spending was said to contribute to men's belief that women were not good managers and could not be trusted with money. A continued inequitable distribution of intra-household resources, whether initiated by men or women, may not lessen the impact of poverty. Women's employment may create frustration amongst men as women would be infringing on what was traditionally a men's role, but without necessarily decreasing their burden as providers.

Current societal structures did not appear to have significant benefits for either men or women. As previously indicated, the majority of the population was poor and powerless. Nevertheless, some men indicated that even if they were poor and powerless, they always had hope of improving their situations and would, at the very least, always be superior to women. Given the research context, although it is likely that men were seen as superior to "their" women, it was unlikely they were superior to all women. Women indicated that they would prefer to be rich and powerful because, in the absence of a man, they could provide for themselves and their children. The assumption remained that challenges would only be encountered in the context of women's independence from men. This may indicate that, when men were meeting role expectations, women felt well cared for. It was in instances of men's unemployment that women were said to have a difficult existence.

When women were not employed, they were considered to be like children because they were controlled by and dependent on men. In these cases, women's reproductive role was said to be enhanced due to the "idleness" associated with poverty. This role created further dependents for men, exacerbating the cycle of poverty. A traditional belief was identified, where the more wives and children, the more powerful the man was deemed to be. Participants acknowledged that, in present times, the reverse appeared to be true. Nevertheless, within the gender inequity

diamond, traditional beliefs and cultural practices, including polygamy, still appeared to exist amongst the majority of the population where men were the sole providers. As previously indicated, if women were employed, men's burden of providing may not necessarily be decreased. However, as suggested in the gender inequity diamond, employed and educated women had fewer children, indirectly decreasing men's burden of providing.

Considerable hope, potentially resulting from traditional beliefs, appeared to be placed in children. Although indiscriminate childbearing may appear counter-intuitive and, perhaps even self-destructive for impoverished families, it was likely one of the few sources of hope for potential power that couples could control independently. Therefore, the way in which children were raised was deemed to be important. When men identified a belief that gender inequity benefited the family, women argued that some men did not even like their children. Everyone appeared to agree that when couples had children, the parents remained in a relationship because the family was valued. Men simply clarified that, after coming home from a long day at work, they did not like the "noise" that children or their wives made. Although women may have questioned motives and believed that gender inequity benefited the men, divorce was said to be uncommon due to its potentially negative impact on children.

Children were noted in different contexts in all of the diagrams. Within the poverty diamond, there was discussion that if children were educated, the poor could become rich. Nevertheless, numerous barriers, primarily revolving around financial factors, existed in access to education. First was the cost of nursery school, where children gained the prerequisite knowledge, such as learning the alphabet or writing their names, required for admission to primary school. Primary education was publicly funded, but costs were accrued due to the mandatory purchase of school supplies, books, and uniforms. Further, the lack of either human or financial resources within this system created suboptimal learning environments. As many as 70 students could be enrolled in any given grade within one classroom. Private primary education of higher quality and with environments more conducive to learning was available for those who could afford it. Education beyond the primary level was structured as fee for service. Finally, it was noted that, for the most vulnerable children, learning on empty stomachs was difficult. Although poverty reduction strategies, including employment, were at least in part dependent on education, girls were said to be less likely than boys to receive any type of education or training. For impoverished families who had to make choices about which children to send to school,

sending the boys was likely logical, since boys were expected to become future providers. Nevertheless, it is recognized that, ideally, no family should be forced to make this choice, but that in doing so, inequity of all types is exacerbated.

Within the empowerment diamond, children were said to be most negatively affected by powerlessness. Child trafficking, labour, and sexual abuse may have resulted from the frustration that parents experienced when their children could not live up to the expectations placed on them. For example, expecting a child to bring a family out of poverty is a significant role, when most adults could not achieve that on their own. The implications of poverty, as well as the importance of earning a living, are evidenced in practices such as child labour. Children's vulnerability was exploited for financial or sexual purposes.

Participants once again identified the necessity of a broad, multi-level approach to address the challenges facing them. Strategies deemed to require government support included job creation, loans to support small businesses, bursaries for education, tax exemptions for the poor, and enforcement of laws surrounding anti-corruption and children's attendance in school. Education and technical training were deemed to be important so individuals could contribute to the labour force, either through paid employment or volunteerism where they could use and develop their skills if unable to obtain paid employment. Small scale businesses were deemed to be an important strategy for community empowerment, so that everyone could work, earn a living, and share all responsibilities.

3.4.4. Discussion

Dialogue related to the diamond diagrams was primarily related to the economic nature of social discrimination, which appeared to be closely intertwined with dominant gender roles, familial health, and well-being. As a social system, the family is composed of individuals who are mutually dependent on one another for physical, emotional, or financial support. Families not only contextualize the roles and functions of the individuals within, but are also a system unto themselves that interact with and are a component of society (Harmon Hanson, 2001).

Beginning with the intra-familial roles and responsibilities of adults, participants in the current research identified numerous sources of role strain between spouses. Role overload appeared to be a primary concern for men, as they often lacked the skills, opportunities, and resources that were demanded in their provider roles. Their experience with the mediators that have been suggested to facilitate coping did not appear to be entirely favourable. For example,

Van Der Mewe and Greeff (2003) explore the efficiency of the coping mechanisms used by 82 unemployed Xhosa men with dependents in South Africa. The results indicate that an internal locus of control, support from extended family, utilization of community resources, good health, and a sense of mastery or control amongst family members, were most significant in mediating stress. As applied in the current research context, the increased prevalence of communicable diseases, decreased access to medication, and increased mortality rates that were suggested to exist amongst the most vulnerable populations may indicate poor health amongst men's families. The value ascribed to economic affordability may suggest that the utilization of necessary community resources was financially determined. Data that may have been indicative of locus of control was inconclusive, as inconsistencies existed between the potential for individual accomplishment and the dependence of goal attainment on external support, namely from the rich and powerful. The role of the extended family was not explored by participants in the current research.

Ballard (2001) suggests two responses to role overload, the most typical being withdrawal from the role and the second being the delegation of responsibilities to other family members, the latter of which requires considerable skill in negotiation. Within the current research, role withdrawal may have been reflected in unemployed men's stated consumption of alcohol. The stress associated with under- and unemployment was not only a risk and reality for men, but also for their families, who relied on men to provide for their basic needs, such as food and shelter. Anger and frustration appeared to exist when the reciprocal nature of spousal relationships was not acknowledged. Despite the changing circumstances created by men's unemployment and, ultimately, their inability to meet provider role expectations, the expectations associated with women's caretaking role, which included functions such as cooking, remained intact. As participants indicated, if men do not provide food, women cannot cook.

The second response to role overload suggested by Ballard (2001) is the delegation of responsibilities and is reflected in the current research participants' discussions of employed women. Since it is unlikely that Kenyan women were socialized into provider roles and their employment was inconsistent with dominant norms, role strain between spouses appeared to be amplified. The attitudinal shift, from submissiveness to boastfulness, that accompanied women's employment, undermined and was incompatible with men's role, thereby creating role conflict.

The spending patterns of some employed women appeared to contribute to individual, rather than familial, health and well-being. Such spending may have reflected a lack of role knowledge, where expectations in unfamiliar situations are not known, or a lack of role consensus, where spouses may disagree on the expectations attached to a particular role (Ballard, 2001). An attitude that was similar to men's, in men's positions of unemployment, is also reflected. Despite the changing intra-familial circumstances that were created by women's employment, these women continued to expect that men's traditional role as sole providers remain intact.

Within a familial context, the scenarios of men's unemployment and women's employment do not necessarily reflect a desire on either spouse's behalf to oppress the other, but are more highly indicative of the need for communication, negotiation, and determination of individual and family priorities. The expectation for enactment of traditional roles appeared to be rigid, however, denying the necessary flexibility to adapt to change and survive strenuous circumstances that influence health. Within the current research, participants' concession that women's employment should be close to or within the home, may have reflected the beginnings of a necessary dialogue.

The value ascribed to the maintenance of traditional gender roles within families is better understood when, as a unit, families' interactions with society and the environment are considered. Within this sphere, what is perhaps a dominant and Western "ideal" of gender equity can be contrasted with participants' experience of Kiberan reality. For example, from a Western perspective the education of girls and women is deemed to be an important stride toward gender equity (UN, 2008). From the perspective that was acquired in the current research, education was also valued by both genders, but with the intended outcome of poverty alleviation. If the "privileged" opportunities that existed for the men in this research are considered, it becomes evident that existing opportunities were insufficient to achieve the desired outcome. Therefore, it would be logical to deduce that even if equal opportunities were provided to girls and women, the actual outcomes of abject poverty, poor health, and powerlessness would remain. The greater inequity may not necessarily lie in the relationships between men and women, but in those between the rich and poor, powerful and powerless. As Connell (2005) asserts, depending on variations such as those in age or social class, the interests of some men and women may be better aligned with those of each other than with those of the same gender.

In Latvala's (2006) research exploring the family life of highly educated women in Nairobi, several participants referred to the distrust that existed between educated and uneducated women, as well as the lack of knowledge regarding each other's goals and priorities. This disconnect occurred despite the altruistic intentions of these "elite feminists" to advance gender equity. In August, 2008, this same type of disconnect may have been evidenced on a national level as well, following a Government of Kenya proposal to pay Kenyan leaders' wives approximately 5000 USD per month to showcase "good" family values and to acknowledge the wives' contributions in the political sphere. Citizens reacted negatively, as the majority of the population lives in poverty and, at the time, many were still displaced following the post-elections violence. Kenyan politicians are also already amongst the world's best paid (Rice, 2008). Within the current research, participants' primarily economic definitions of prosperity, empowerment, and gender equity may have indicated the value ascribed to poverty alleviation, as well as the need for simultaneous intervention in multiple sectors of society.

Participants in the current research also explored the ways in which hierarchical structures are maintained. If the example of education is considered once again, from an outsider perspective, free universal access to primary education would appear to exist. From participants' perspective however, the cost of nursery school could prevent the impoverished from accessing primary education, regardless of gender. The options for public and private education continued to keep the poor in a disadvantaged position. If opportunities resulting from education were available, the children of the rich would be better prepared to function in the required capacities, as a result of their higher quality education. Fawole (2008) describes numerous types of economic violence against girls and women, noting its negative impact on health and development. The majority of the challenges cited by Fawole, such as the limited access to funds and credit, were also experienced by men in the current research. Whereas Fawole suggests, amongst other recommendations, the need to create and enforce laws that will punish the abusers, within the current research context, one is left to question whether the abusers are the rich and powerful, rather than impoverished men.

Within the prevailing context of the inequitable relationships between the rich and poor, powerful and powerless, proponents for the maintenance of traditional gendered roles may be discussed. Participants in the current research expressed some satisfaction when traditional gender roles were being competently performed by both spouses. Ballard (2001) suggests that

the competent enactment of one's role(s) is a resource and rewards one's partner. Regardless of the numerous forms in which rewards may be received, such as in money, love, or status, the greater the rewards, the more likely one is to be satisfied and comply, despite any adversity, conflict, or differences in a relationship. Participants in the current research identified children as a reward of both spouses' fertility and women's reproductive role. Children provided both partners with a source of hope and potentially conferred status to men. Anecdotally, it has also been suggested that women, particularly in old age, may be the unique beneficiaries of financial assistance from their children, as a repayment of the mother's devotion in raising her children.

The financial benefits of traditionally structured families, particularly those accrued by women, should not be underestimated. The family, both immediate and extended, played an important economic function which was necessary for survival and health. Although impoverished families could likely benefit from dual incomes, opportunities for earning were relatively inaccessible, even for the male gender. The continued enactment of traditional gendered roles within families may have provided participants with a sense of meaning, structure, and purpose, in an environment which may have made their individual causes seem hopeless. Independence did not appear to be a particularly viable option for participants in the current research and, as some of the highly educated women who participated in Latvala's (2006) research suggested, nor was it desirable. Independence is somewhat counter-intuitive to the collective spirit that appears to exist in Kenya.

In his research, Lavers (2007), draws upon survey data and case studies, analyzed at the individual, household, and community levels, to explore the decision making processes and goal priorities of respondents in two rural communities in Ethiopia. The results indicate the existence of considerable support for needs such as health, food, and shelter. The support for such needs was not "universal" however, and several respondents did not deem, for example, education to be necessary. Lavers cautions that, particularly amongst populations with limited access to resources, priorities are time-bound and dependent on current exigencies. He concludes by questioning whether the goal of development should be to provide individuals with what they are thought to need, within a framework of "universal" human needs, or whether it should be to assist individuals in the pursuit of what they want. Within the current research context, it was questionable as to whether women wanted to be liberated, and provided their existence in a primarily non-supportive environment, what they would be liberated to.

3.5. Journey to the Future Diagram

3.5.1. Process

A journey to the future diagram explores and documents the ultimate goal of the group (Mayoux, 2003). Participants were informed of this purpose and were given verbal instructions (Appendix I) regarding the creation of the diagram. They were prompted to discuss the steps required to achieve this goal, including anticipated barriers and facilitators.

Nine men and 16 women participated in this session. Dialogue occurred in the plenary, amongst all 25 participants. A female participant volunteered to create the pictorial representation of participants' discussion on the chalkboard at the front of the meeting hall. Controversy quickly ensued and participants increasingly began to speak in Swahili. Because the female volunteer was an active participant in this discussion and the researcher was also relying upon her for translations, a diagram was not created at this session. It was decided by the participants that the researcher use the written notes to create the diagram and to bring this depiction back to the group.

The diagram was interviewed and member checks were conducted at the following two research sessions. These remained controversial in nature. Challenges were encountered as the men felt that the women in the group were making decisions for them. Changes to the diagram were made as necessary. Although specific plans were altered several times, the basic premises of the diagram remained the same.

3.5.2. Data

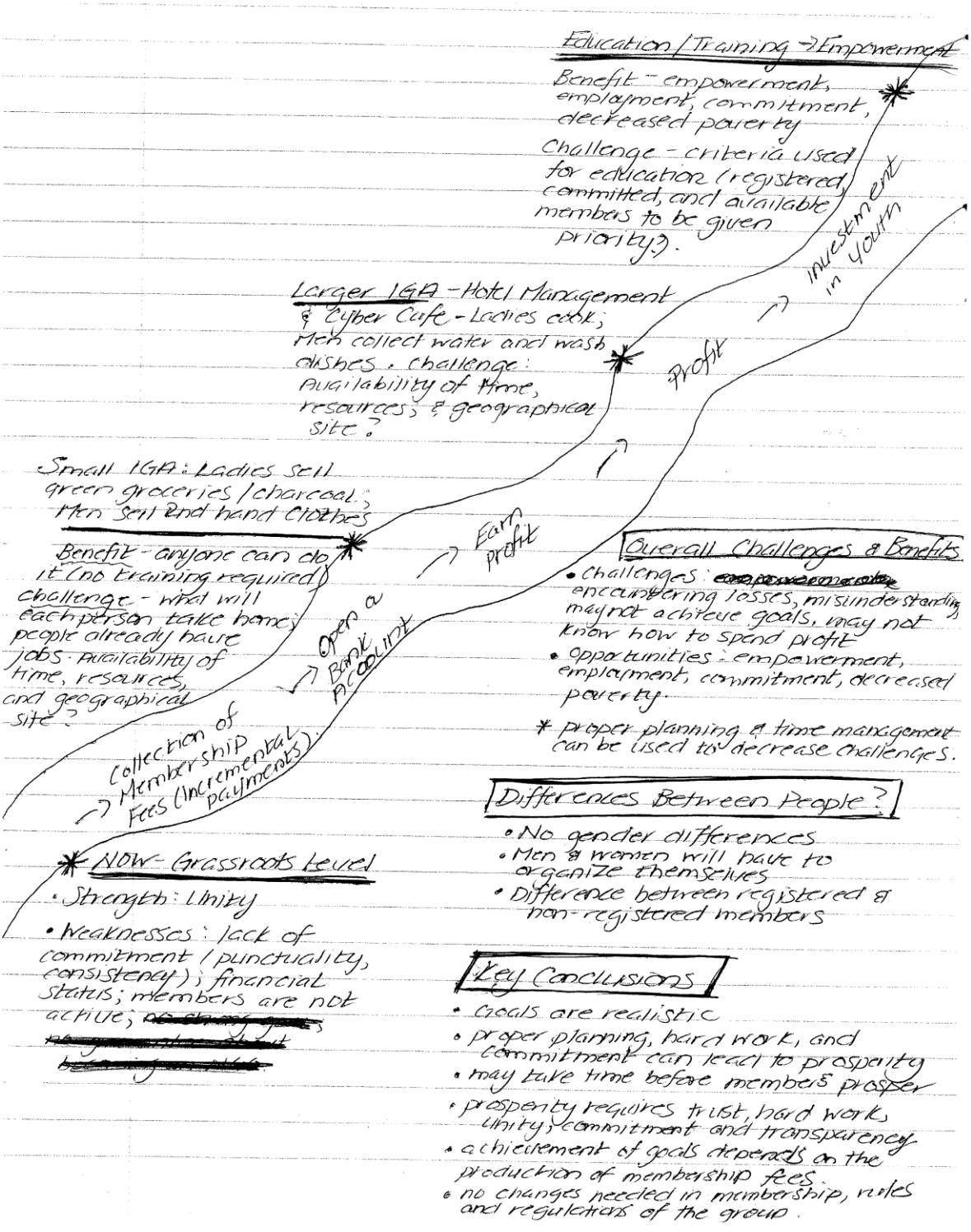

Figure 3.10. Journey to the Future Diagram

The above process resulted in a journey to the future diagram. The ultimate goal of the group was to achieve empowerment through education and training. A micro-financial scheme, where membership fees would be collected, saved in a bank account, and when sufficient funds were available, re-distributed into a small income generating activity (IGA) was proposed. It was anticipated that a small IGA would generate profit that would enable the group to expand or create a larger IGA. Ultimately, profits would be used for the education and training of members. The pooling of individual resources was deemed to be necessary to enhance collective well-being. Although the diagram reflects an ideal journey, participants identified potential barriers and challenges that could threaten upward and forward movement. It was recognized that losses and misunderstandings may be encountered. They also identified current strengths and facilitators that would help them overcome challenges. Participants believed these plans were inclusive, realistic, and gender sensitive. Changes to the group's current structures and membership were not deemed to be necessary.

3.5.3. Analysis

Although seemingly simple, the strategy presented in the journey diagram addressed, and sometimes clarified, the complexity of numerous concerns that were discussed in previous research sessions. At the time the research was conducted participants identified themselves as being at the grassroots level, which was equated with being "nowhere." It is perhaps significant that the plans to move "up" or forward were created within a CBO, which was one of several types of organizations deemed to mediate a sense of powerlessness.

The initial short term action of collecting membership fees and fines, which was supported by the group's and community's resources, was implemented during the researcher's time in Kibera. This initial action may indicate that money continued to be equated with power and the ability to advance either individually or collectively. Both men and women agreed that the proposed membership fees should be affordable. Nevertheless, to decrease the burden of obtaining and providing this sum, while continuing to meet other responsibilities, it was agreed that fees could be paid in increments, rather than one lump sum. This would likely be particularly significant for men, who had families to provide for. It was suggested that collection of fines for lateness or absence with or without apologies at meetings would address some of the challenges the group was facing, such as the lack of commitment and inactive or inconsistent membership. Participants believed that without financial repercussions or contributions there would not be

commitment. Interestingly, despite previous indications that women were not good managers and could not be trusted with money, the group nominated a woman to collect and save the fees and fines in the current absence of a bank account. Contributions to process, rather than directly to outcomes, may have been an element of women's supportive role. Alternatively, since traditionally, women's role was not associated with income and men were to provide for them, the risk that women would misuse the funds to provide for others may have appeared lesser than if a man was controlling the funds. In either scenario, such a decision challenged current practices and beliefs.

The initial capital gained from membership fees and fines were to be used for an IGA. The need to create an IGA continues to suggest the lack of opportunities or ability to obtain employment within the formal sector. As previously indicated, numerous ideas regarding specific IGAs were proposed. They were either business oriented, such as tailoring, selling clothes or charcoal, or development oriented, such as opening a nursery school or managing a water tank. For each proposed activity, the availability of time, resources, and a geographical site was considered and anticipated to be a challenge. Gender and biological differences remained evident. For example, both men and women deemed it to be impossible for women to sell second hand clothes, because bags of these clothes were heavy and carrying them was said to require the strength and energy of a man. Further, dialogue was initially divided along the lines of a "women's IGA" and "men's IGA." The reasons for which this division occurred were not discussed, but given previous dialogue, it would not be unreasonable to attribute it to a lack of trust between genders or men's belief that their ideas regarding IGAs were superior to women's. On the contrary, this division may have also indicated men's willingness to concede some of their decision making power to the women in the group, and risk having them become "boastful." Nevertheless, by the final of three research sessions spent on the journey diagram participants were able to reach consensus on an IGA that both men and women could participate in. Such a joint venture, where men and women would be making contributions within the same sphere, could assist participants to recognize the value and necessity of contributions made by each individual, regardless of gender.

Numerous methods of financial management, including the issuing of receipts, maintaining records, auditing, and having a permanent treasurer or supervisor were discussed. Given the abuse of financial power that appeared to be prevalent within Kenyan society, this

dialogue was likely quite necessary. The risk that such practices would permeate the group was evident in dialogue regarding whether members should be paid for their contributions to an IGA or if volunteerism would be necessary to achieve their ultimate goal. Those who advocated for volunteerism were primarily women, who stated they were currently sustaining themselves and could use these same means for survival in the short term. Those who advocated for payment for service were primarily men, who noted that because of members' financial vulnerability the lack of payment could result in corruption. Men's burden of providing was once again evident. Women's overall willingness to volunteer their time and men's primary desire to be paid for their services may suggest that women's role continued to be defined in unpaid terms, whereas men's was defined financially.

Nevertheless, participants' plans also had potential to challenge several practices and beliefs that appeared to be the status quo. First, the planning and implementation of such a venture could provide youth with decision making authority. If plans were successful, participants would create opportunities for themselves, potentially giving them a greater sense of control over their own destiny, rather than placing what was perhaps unrealistic hope in children. As women entered the workforce, their domestic and reproductive role could also be challenged. Although it is recognized that participants' plans represent women's movement into what was traditionally a man's sphere and it is unlikely that men would reciprocate movement in women's sphere, these plans have the potential to address the risks associated with women's independence from men. Participation in IGAs could provide women with an alternative means for survival, aside from prostitution or marriage, and for men, it could help them earn income, which appeared to be one of their priorities. For both men and women, IGAs could enhance their level of productivity and ability to afford the necessary goods and services that support or promote health and well-being. Similarly, demonstrating competence to successfully perform in these roles and to make valuable contributions to society could challenge the stigma that appeared to be associated with youth. Ultimately, participants would be enforcing their right to participation in society. The impact may be greater for women than men, as women were negatively and disproportionately affected by the lack of education and employment opportunities.

Although the potential benefits of IGAs are significant, IGAs were simply a means to the end of education, training, and ultimately empowerment. Since it was unrealistic to expect that all participants could be trained or educated concurrently, participants identified a need for

criteria to guide decisions regarding beneficiaries. The proposed creation and application of such criteria, which was anticipated to be challenging, once again indicates a desire to challenge the corruption that appeared to prevail within Kenyan society. Although doing so may be possible within the context of their group, it may be more challenging when seeking admission into formal educational institutions, where both financial and administrative authority appeared to be abused. Therefore, for participants to reach their ultimate goal, they may have to reinforce the status quo and rely on bribes or family connections during the admission process. Nevertheless, both men and women's participation in education and training could, in a minimal way, challenge the majority presence of the rich within learning institutions. Once again, the impact may be greater for women, as this was a sphere where they traditionally did not or could not participate. Finally, it was anticipated that even if all members could not be educated, it would benefit the group, as those who received education could share their knowledge and skills with others. An interesting application of ownership was noted, as participants identified that training and education was something that could never be stolen from an individual, whereas money from a business or IGA could.

Group members perceived a primary facilitating factor to be their unity, which was rare as the environment was quite competitive. They recognized that to overcome challenges and reach their goal, commitment, time management, and proper planning would be necessary. Strategies mentioned in previous diagrams that were more broad and all-inclusive, such as making the government accountable to its people or achieving community sensitization, were believed to be the "next steps" after receiving education or training.

3.5.4. Discussion

Dialogue related to the journey diagram had significant implications for community health, which has been defined as "the meeting of collective needs by identifying problems and managing interactions within the community itself and between the community and the larger society" (Shuster & Goeppinger, 2000, p. 310). Enabling individuals to identify their needs, develop, plan, implement, and evaluate solutions to their concerns, not only ensures respect for diversity, but also draws upon community strengths, knowledge, and capacities (Shuster, Ross, Bhagat, & Johnson, 2001). Within the context of the current research, principles of and strategies for community health and development, particularly as it relates to social justice and equity, did not appear to be widely endorsed by the rich and powerful. Among themselves, however,

participants appeared to be willing and able to take action. Related challenges and facilitators, risks and benefits, including those related to gender, were discussed.

Hancock and Minkler (1997) describe several purposes for community assessments, noting how the data collected can be used to reinforce and maintain the status quo, but should be used to promote societal change and empowerment. To achieve the desired purposes, inequities in health and its determinants, should be documented. Data should focus particularly on those issues which are sensitive to short term change if social and political appeal is to be maintained. Within the journey diagram, participants focused on employment and education. Throughout the course of the research, participants consistently cited their lack of opportunity in these sectors, noting the resulting negative impact on health and development. Their continued focus on these sectors indicates their awareness of the problem, the severity of its outcomes, and their motivation to create change. All of these factors are important in successful planning for community health (Shuster & Goeppinger, 2000). In contrast to several other structural barriers that participants encountered, such as age and ethnicity, employment and education were areas where participants could collectively and immediately exert some decision-making power and control. In the short-term, their plans would have significance among both male and female participants, and potentially their families. Participants noted that achieving broader community impact and societal change was a longer term goal. Nevertheless, Reilly (2000) notes that communities feel empowered when their goals are related to the social determinants of health.

The plans documented in the journey diagram represent a "bottom-up" approach to health promotion. Power and control rested with and the agenda was set by participants themselves (Ewles & Simnett, 1999). They were involved in all stages of the development process, from problem identification to the determination of intervention activities. Although meaningful community participation and involvement is necessary, it has been noted that the creation of sustainable change requires backing by sufficient power and, at the least, by local administration (Hancock & Minkler, 1997). Throughout the research, participants made similar statements, indicating the necessity of political will, but this element of collaboration was notably absent from participants' plans in the journey to the future diagram. This likely reflects their continued awareness and understanding of social inequity within their environment. Although participants would use their own resources to take action, it would be independent of external support from the rich and powerful.

According to the United Nations Development Programme (2003), the lack of participatory governance is one of the main causes of Kenya's under-development, and is manifested in the inefficient management of public resources, corruption, and the neglect to involve the poor in development process. The results stemming from the discrepancy between the actions and interests of government and those of their citizens include poverty, social inequities, and negative health outcomes. Such negative results were noted by participants throughout the course of this research. The process described in the journey diagram appeared to reflect participants' need to enforce their right to participation in public spheres, particularly within the employment and education sectors.

Participants' inability to access any existing opportunities did not appear to hinder their desire to alleviate poverty. However, they also acknowledged that challenges could be encountered in the implementation of their plans, as it would occur within the context of social and economic inequity. Participants' plans could have been facilitated if external support was available to them. For example, their ultimate goal of achieving education and empowerment was dependent on the success of their IGAs. The time required for start-up of the IGAs, and therefore for enhanced productivity, could have been significantly reduced if loans were available to them. However, participants' plans to rely on their social support network to collect their own resources through the payment of membership fees may have also been a judicious strategy. As participants indicated, they believed it would enhance commitment to the group and community development only occurs when people invest themselves and their resources into a process (Shuster, Ross, Bhagat & Johnson, 2001**)**. It has further been suggested within the literature that the capital available at lending institutions is often insufficient to create an IGA that is large enough in scope to repay the loan (Haque & Yamao, 2008). Debt is created and the cycle of poverty is perpetuated. Although some authors have suggested that IGAs contribute significantly to household income (Gough, Tipple, & Napier, 2003), most suggest that IGAs are insufficient to break the cycle of poverty (Haque & Yamao, 2008) or that households relying on work in the informal sector, as their only source of income, are at greater risk for poverty (Chen et al., 2005).

Nevertheless, empirical indicators of outcomes are not the only measures of success in community development. Process related changes, that often go undocumented, such as changes in relationships, structures, and social conditions, can also be considered as accomplishments

(Boutilier, Rajkumar, Poland, Tobin, & Badgley, 2001). Throughout the course of the current research, participants consistently identified various forms of oppression and inequity. Although the majority of these forms of inequity remained evident at the end of the research, one notable change was related to gender. Beginning with the Venn Diagrams, the superiority of men over women was noted. In the research sessions related to the Tree Diagram, participants argued over which gender held the greater or more valued responsibility. In dialogue related to the Diamond Diagrams, attitudinal shifts appeared to emerge. Uncertainty existed regarding whether gender roles needed to change to break the cycle of poverty or whether the maintenance of the status quo would prevent a sense of loss. Finally, after lengthy debate surrounding the Journey to the Future Diagram, participants were able to generate plans that were inclusive of and would generate opportunities for both men and women. This decision, as well as the one to nominate a female treasurer, may represent changes in gendered relationships. Although gender did appear to be somewhat of a secondary focus within the journey to the future diagram, an equitable approach was also evident. For example, although it is acknowledged the actualization of plans would impact participants differently, depending on their personal circumstances, for some men, it could decrease their burden of providing. For some women, it could decrease some of the risks associated with their independence from men. For those with families, it may positively impact their children's health and well-being. Participants demonstrated their ability to analyze and address multiple issues simultaneously. This illustrates their capacity to design integrated approaches that resemble those that numerous authors, whose work has been previously described, have advocated for (Chibber et al., 2008; Dodoo & Frost, 2008; Franklin, 2008; Nordtveit, 2008).

A healthy community has been defined as "one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their maximum potential" (Hancock & Minkler, 1997, p. 144). The plans documented in the Journey to the Future Diagram indicated participants' commitment to each other. Throughout the research, they worked together, regardless of existing and external forms of discrimination, such as gender, age, marital status, and ethnicity. The successful actualization of their plans could address some of the root causes of inequity, particularly the negative health and development outcomes that are associated with poverty. In creating opportunities for themselves,

participants exerted some decision making power over their lives, health and well-being. Although the broader social, cultural, political, and economic context of inequity would likely remain, participants indicated that they could be leaders of change, at the household and community level. Participants' actual health status may have been threatened by their poverty and environmental context of social discrimination and inequity, but they were healthy in the sense that they planned for, role modeled, and began the process of materializing the change that they wanted to see.

CHAPTER FOUR

4. CONCLUSION

This chapter focuses on a discussion of the strengths and limitations of the current research, as well as its implications for nursing administration, education, practice, and future research. The research questions are reviewed and findings summarized.

4.1. Strengths and Limitations

4.1.1. Strengths

The primary strengths of the current research are related to its participatory nature. Youth were given the opportunity to participate in all stages of the process, thereby ensuring that the problems and solutions identified were socially relevant, meaningful, and appropriate. The participatory diagramming technique of data collection facilitated dialogue related to several critical issues and their sequential use prompted youth to begin taking action on issues that were of importance to them. The research was congruent with current global efforts to engage and build capacity among youth. Finally, the research added to the availability of literature on Kibera, which is currently limited.

4.1.2. Limitations

There were several limitations of the current research. First, was the researcher's inability to speak Swahili, as well as participants' differing fluency levels in English. These limitations created room for reciprocal misinterpretation. Those participants who had more working knowledge of the English language may have also been advantaged throughout the research process, as there is potential that they had greater capacity to ensure their voices were heard. Had the researcher been able to speak Swahili, dialogue may not only have been enhanced among all participants, but the data obtained may have also been more complete. This point particularly applies to the Journey to the Future Diagram. Limitations related to language were decreased through member checks and at times, translations were requested and provided, either for the researcher or participants. Further, when participants worked in small groups to create the diagrams, as was done with the Venn and Diamond Diagrams, participants had the option of speaking in their mother tongue, although data was documented in English. Because data in the

diagrams was documented in participants own words, albeit in English, this eliminates some of the risks of misinterpretations associated with translation.

A second limitation of the current research was the inconsistent attendance at research sessions and similarly, a significant gap in the completion of demographic surveys. As previously indicated, demographic surveys were primarily returned by women and therefore limited data is available on the characteristics of the men who participated in this research. Considering that gender was the focus of this research, it would have been ideal to have had all surveys completed, for comparative purposes. With men's low survey completion rates their characteristics can only be implied from what they said throughout the course of the research. Inconsistent attendance at research sessions presented a similar challenge. As previously indicated, diagrams were used sequentially, but the value of such an approach is decreased with inconsistent attendance. Having a core group of participants who attended sessions consistently, as well as participants' familiarity with one another, likely minimized the impact of this limitation. Overall value was placed on flexibility and inclusivity. The researcher desired that all pre-existing group members had the opportunity to participate in ways that they felt comfortable, rather than forcing them to comply with externally imposed, researcher-defined rules and regulations.

The final and likely greatest limitation of this research is that participants appeared more comfortable discussing the theoretical, as opposed to the personal. It has been suggested that communities learn through stories (Hancock & Minkler, 1997). Details of participants' individual stories were not provided and, as previously suggested, this may have been related to the sensitivity that accompanied the post-elections violence. Participants were first of all meeting in a group setting, which, at a point during the violence and shortly thereafter, was said to be prohibited. Further, they were also meeting amongst members of diverse ethnicity, and tribalism was the most frequently cited source of the conflict. Nevertheless, knowledge and understanding is also created through experience. Although the direct ways in which participants learned what they shared with the researcher were not discussed, this does not decrease the significance of what was said.

4.2. Implications for Nursing

4.2.1. Nursing Administration

Throughout the current research, participants emphasized the centrality of government and the significance of political will in creating sustainable change to promote and advance health. They identified the ways in which government decisions transpired into circumstances which shaped their daily lives. Such grassroots level analysis could inform the creation of healthy public policy. Administrative nurses, who are backed by professional credibility and potentially sufficient power, could uncover and advance such analyses and voices, ensuring they are heard within spheres where political decision-making occurs.

Within the context of the current research, systems of corruption and inequity appeared to be deeply embedded within public offices and institutions. A societal endorsement of principles of good governance could promote health and prevent disease. Although it is infrequently acknowledged, nurses, particularly those in administrative positions, are more than familiar with, as well as professionally and ethically bound, by these principles. Principles of good governance include, amongst others, accountability, transparency, equity, responsiveness, and participation (Organisation for Economic Development and Co-Operation, 1993) . Whether advanced in collaboration with public officials or grassroots level organizations, enhancing capacity for good governance or endorsing measures that promote accountability and afford citizens the opportunity to be involved in decision-making, could have a significant impact on citizen's quality of life.

Finally, findings from the current research also suggest the significant ways in which the social, political, economic, and physical landscapes influence health, thereby highlighting the importance of comprehensive action on the social determinants of health. By advocating for public programming, social services, and corporate responsibility, nurses could facilitate the creation of partnerships and collaboration between sectors to advance population health and well-being. The creation of structures that would allow for clear communication and coordinated action between various sectors of society, including citizens and grassroots level organizations, appeared to be necessary within the current research context.

4.2.2. Nursing Education

Within the current research, a strong focus existed on the broad societal context of inequity and closely reflected concepts such as the social determinants of health or healthy public

policy, that are often taught in basic nursing education programs. However, practical opportunities for students to apply this learning are often limited. Due to the vast differences that exist between developed and developing countries, and in the case of this research, between Regina, Canada and Kibera, Kenya, the existing opportunities for international study abroad experiences within nursing education programs, could be used to foster a deeper awareness and understanding of the politics of health and health care.

Within the current research, participants also emphasized the importance of using multiple strategies to promote health, including individual psychosocial change, behaviour change, and societal change. Although nurses are more than familiar with the former two strategies, the process of societal change is more complicated, particularly within the context of the current research, where poverty prevailed and good governance and democracy was far from realizing its ideological and practical potential. Societal change would require challenging the rich and powerful, whose decisions, systems, and institutions had created the inequity and oppression that participants sought to be liberated from. If nurses are to walk beside and with community members throughout the process of societal change, they need considerable skill in navigating between the world of the oppressed and those in power. They must possess a distinct skill set and competencies that enable them to address powerlessness, social discrimination and exclusion, and role conflicts that are based on power differentials. These skills could be fostered to a greater extent within educational institutions.

There are several specific strategies that could be used to foster such skills. First, within the context of the current research, the use of participatory methods of generating and analyzing knowledge appeared to be effective. As it relates to nursing education, the perpetuation of paternalistic approaches should be avoided. Instead, participatory methods of teaching and learning could be role modeled for students, thereby enhancing their familiarity and comfort with such strategies. Adopting participatory strategies within educational institutions could also challenge students' notions of professional expertise, thereby enabling them to understand that knowledge can be generated from the bottom-up, and that, regardless of any power differentials, individuals' experience and capacity should be respected (Richard-Amato, 2002).

Secondly, the emerging, but existing, focus on inter-professional education should be fostered and expanded to include multi-disciplinary education. This approach would not only promote collaboration between future service providers and sectors, but could also provide

students with a stronger understanding of their own roles and expertise, as well as that of others. Further, regardless of the setting, whether within educational or health care institutions, students should be encouraged to determine contextual variables that influence individual circumstances and subsequently how to navigate complex systems of hierarchy, which are very much so in existence within public institutions. Although participants in the current research noted the span of control that they had over their own destiny, they also emphasized how a variety of players and systems influenced and contributed to the multitude and complexity of the issues affecting them. Addressing these issues in their entirety was beyond their immediate control. Nursing education could encompass the development of skills that encourage students to work within multi-disciplinary teams and hierarchical systems to promote change within the system itself, for the benefit of the public.

Finally, building a sense of social responsibility and global citizenship among nursing students is of primary importance. Although participants in the current research did not acknowledge the significance of international relations of any type, what they did acknowledge was that existing national structures would prevent their voices from being heard. Uncovering such voices, developing an awareness of global health issues, and working to bring about social change that promotes health for all, have become ethical endeavours endorsed by the CNA (2008). Such ethical endeavours should be met with support from educational institutions.

4.2.3. Nursing Practice

Findings from the current research indicate the continued relevance of the strategies for health promotion action that are delineated in the Ottawa Charter for Health Promotion (WHO, 1986). Participants in the current research made either direct or indirect reference to all five strategies, including building healthy public policy, creating supportive environments, re-orientating health services, developing personal skills, and strengthening community actions.

Participants' beliefs about the significance government, as well as the implications for healthy public policy, have already been discussed, but are also closely related to the creation of supportive environments. Participants focused particular attention on the social, economic, and political landscapes of health, as opposed to illness and disease itself. Although it is recognized that this focus may have been, in part, due to the research design, it does not minimize the significance of the environmental impact on health. Without sufficient attention to the context of people's everyday lives, the effectiveness of nursing intervention may be limited. For example,

within the current research, the most vulnerable populations were said to be afflicted with communicable diseases, such as cholera and HIV. Most communicable diseases can be treated, if not cured, through medication therapy. However, if nursing intervention is not simultaneously addressing challenges in access to health care services, including diagnostic testing and treatment, health for all will remain a distant goal. Barriers beyond the health care sector, such as access to clean drinking water and employment that enables people to afford medication or to take their medication safely, must also be addressed. Although such concerns may appear to be beyond the scope of nursing practice, nurses are in the unique position to create awareness about how broader inequities can threaten health and sustainable development and, in the interim, to provide services that address some of these gaps or challenges.

Findings from the current research also suggest the need to re-orient health services, to encompass a holistic approach and one that focuses on addressing the root causes of poor health. Participants noted how their lack of resources, opportunities, and decision-making power threatened their quality of life, health, and well-being. They were forced to deal with the consequences of circumstances that they did not choose for themselves. Participants accurately identified in their Journey to the Future diagram that rectifying the full range of such circumstances would be a long term goal, but it is also a goal that is cost-effective and could prevent disease, ill-health, and inequity before it occurs. Within the context of the current research, although the provision of services to deal with the consequences of inequitable structures was definitely necessary, matching these actions with ones that prevent the perpetuation of harmful conditions, or that at least minimize risk, could promote health.

Beyond the availability of health promotion and disease prevention services, participants in the current research also emphasized the importance of being able to access services, such as education, that would support the development of their personal skills. Although such opportunities were not easily accessible to them, process changes were noted throughout the course of the research. In initial research sessions, they focused significant attention on the lack of resources and opportunities, but by the final session, had generated a plan to create an opportunity for themselves. This ability highlights how the development of personal skills can be supported through learning that draws upon practical experience and capitalizes on individual strengths and knowledge. Nevertheless, it is acknowledged that chances of sustainable change

would be significantly enhanced if the government invested resources into its citizens through the provision of formal opportunities and services.

In the absence of formal opportunities and services that support the development of personal skills, nurses' client-centered and empowering approach to care may help facilitate change that supports health and development by strengthening community action. Within the context of the current research, impoverished individuals experienced numerous forms of oppression and social discrimination. Although such individuals may have been considered "ignorant" by those in positions of greater power, participants in the current research appeared to be quite capable of identifying, analyzing, and creating solutions to their concerns, most of which were complex and occurred at a broader societal level. This capacity emphasizes the importance of work at the grassroots level, in uncovering local knowledge and voices, and of including the poor in decision-making and development processes that affect them. Coupled with external support, significant and lasting change could likely be created.

4.2.4. Nursing Research

Several directions for future nursing research can be drawn from the findings and implications of the current research. In relation to methodology, the value of using a CST design in the context of developing countries could be further explored. Although it was unanticipated by the researcher, but perhaps should have been, participants' critique of poverty was quite fitting with the historical roots of CST, as a critique of capitalism. Within the context of globalization, where capitalism is still very much so in existence, further nursing research could explore the ways in which CST research designs could uncover the relationships between globalization, poverty, and health. As part of the process, methods to prompt critical dialogue, reflection, and analysis could also be explored, particularly in settings where educational institutions do not encourage critical thinking amongst learners, as was the case in the current research.

Future methodological research in nursing could also explore participatory diagramming methods of data collection. The researcher was unable to locate any nursing literature on this technique, but it appeared to be valuable. Both practical information, such as the most effective group size for creating diagrams, as well as further information on trustworthiness could be generated. Within the current research, the researcher had limited information to guide research decisions. She either had to rely on the work of very few authors or on work which was related to

similar techniques, such as focus groups. Finally, the value of participatory diagramming techniques could be explored amongst participants of varying demographics, such as those who are highly educated.

In terms of the research findings, they strongly suggested that poverty was a primary source of oppression and that without eliminating it, equity of various types will be difficult to achieve. Future nursing research could further document the impact of poverty on health, as well as grassroots perceptions of potential solutions. Findings from the current research suggested that impoverished individuals, groups, and communities, are capable of generating solutions to complex problems.

4.3. Summary

4.3.1. Structural Factors that Maintain (Gendered) Oppression

Although it is often said that knowledge is power, within the context of the current research, this did not appear to hold entirely true. Participants indicated that money is power and with a secure financial status or the appropriate social connections and family ties, and individual could advance within society. Qualifications, potential, or actual ability appeared to be secondary concerns. Ideology, such as the importance of investing in youth as the future of the country was advanced through political rhetoric, but action was negligible. Such broad negligence is illustrated in widespread Kenyan poverty.

The structures, systems, and processes that permit the neglect of the majority of the population are significant. There appeared to be clearly defined boundaries for individuals who were impoverished, whether they remained confined to illegal dwellings in slums or participation in those spheres, such as CBOs or religious institutions, where participation was free. By limiting their social citizenship to spheres that were associated with discrimination and limited, if any, power, their ability to demonstrate influence and to keep their leaders accountable, was diminished. Further, this oppression posed significant threats to health and development through the inequitable distribution of resources and the lack of opportunity.

Aside from the numerous forms of top-down oppression, a significant complicating factor appeared to be lateral violence. Whether illustrated in the form of men's superiority to women, violence against members of differing tribes, or discrimination based on age or marital status, the existence of lateral violence could prevent citizens from addressing the most severe challenge

facing them- that of poverty. By dividing the impoverished along various lines of allegiance, the rich placed themselves in a suitable position to conquer.

4.3.2. Role of Critical Dialogue and Reflection in Challenging (Gender Role) Assumptions

Throughout the current research, there appeared to be several shifts in participants' assumptions related to gender. Traditional views of women were presented in the sessions related to the Venn Diagrams. Following an analysis of the root causes and effects of gender inequity in the sessions related to the Tree Diagram, ambivalence regarding current gender roles, rather than a complete lack of role understanding between genders, was noted in the Diamond Diagrams. By the sessions related to the Journey to the Future Diagram, participants were able to generate inclusive plans that had the potential to address the diverse needs of both men and women.

The relationship between the researcher and participants also appeared to undergo a parallel shift throughout the course of the research, potentially representing a neutralization of power. For example, the sessions related to the Venn Diagrams were quite structured and when diagrams were being presented in the plenary, participation was limited. In the sessions related to the Tree Diagram, the group's chairman took a leadership role, potentially indicating to other participants that it was acceptable and appropriate to share power with the researcher. Active participation was achieved by the sessions related to the Diamond Diagrams. At that time, the researcher had also become more open to the suggestions and experiences of participants. For example, exploring the concepts of empowerment and poverty was not originally proposed. They were, however, added based on emerging findings and as the researcher became more open to the financial interpretation of gender. Finally, by the sessions related to the Journey Diagram, participants had reverted to speaking in Swahili, potentially indicating that ensuring the membership's understanding was more important than that of the researcher. Participants appeared to be prepared to accept full ownership over the direction of their future plans.

Although the researcher never intended to exert power over participants, she failed to acknowledge or accept that by simple virtue of her race, educational, and financial status, she had acquired it in the eyes of participants. Throughout the course of the research, she perhaps neglected the fact that her power could be used for good. Had this been recognized, she would have perhaps been a more active and contributing partner.

4.3.3. Preliminary Methods of Challenging the (Gendered) Status Quo

Within the context of the current research, the most significant method of challenging the gendered status quo appeared to be to address gender issues simultaneously with other issues that were of importance to both men and women. Poverty appeared to pose significant barriers to equity, including gender equity. Rather than blaming gender inequity on men, by seeking to address the underlying issue of poverty, participants suggested that they were open to achieving a more just and equitable society, for the benefit of both men and women alike.

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World Health Organization (2007). *Gender*. Retrieved October 5, 2007 from: http://www.who.int/topics/gender/en/

APPENDIX A: Demographic Surveys

Are you a:
- □ Man
- □ Woman

How old are you? _____

What tribe(s) are you from? _____

What neighbourhood (village) are you from in Kibera? _____

What is the highest level of school that you finished:
- □ Primary School (Or Less)
- □ Form I
- □ Form II
- □ Form III
- □ Form IV (Or More)

Are you:
- □ Catholic
- □ Muslim
- □ Protestant
- □ Other _____ (please specify)
- □ None

Are you:
- □ Single
- □ In a relationship, but not married
- □ Married
- □ Divorced
- □ Widowed

Please state your current employment status
- □ Employed
- □ Unemployed

What do you earn every day:
- □ 0-50 KSh/day
- □ 51-100 KSh/day
- □ 101-150 KSh/day
- □ 151-200 KSh/day
- □ More than 200 KSh/day

APPENDIX B: Guideline for Analyzing Group Interactions

How closely did the group adhere to the issues presented for discussion?

Why, how and when were related issues brought up?

What statements seemed to evoke conflict?

What were the contradictions in the discussion?

What common experiences were expressed?

Were alliances formed among group members?

Was a particular member or viewpoint silenced?

Was a particular view dominant?

How did the group resolve disagreements?

What topics produced consensus?

Whose interests were being represented in the group?

How were emotions handled?

Stevens, P.E. (1996). Focus group discussions: Collecting aggregate-level data to understand community health phenomena. *Public Health Nursing, 13,* 172.

APPENDIX C: Ethical Approval

UNIVERSITY OF SASKATCHEWAN

Behavioural Research Ethics Board (Beh-REB)

Certificate of Approval

PRINCIPAL INVESTIGATOR	DEPARTMENT	BEH#
Pammla Petrucka	Nursing	08-16

INSTITUTION(S) WHERE RESEARCH WILL BE CONDUCTED (STUDY SITE)
University of Saskatchewan
Saskatoon SK

STUDENT RESEARCHERS
Cheryl Williams

SPONSOR

TITLE
Using Critical Social Theory to Explore and Challenge Gender Inequities Amongst Youth in Kibera, Kenya

APPROVAL DATE	EXPIRY DATE	APPROVAL OF:
20-Mar-2008	19-Mar-2009	Ethics Application Consent Protocol

CERTIFICATION
The University of Saskatchewan Behavioural Research Ethics Board has reviewed the above-named research project. The proposal was found to be acceptable on ethical grounds. The principal investigator has the responsibility for any other administrative or regulatory approvals that may pertain to this research project, and for ensuring that the authorized research is carried out according to the conditions outlined in the original protocol submitted for ethics review. This Certificate of Approval is valid for the above time period provided there is no change in experimental protocol or consent process or documents.

Any significant changes to your proposed method, or your consent and recruitment procedures should be reported to the Chair for Research Ethics Board consideration in advance of its implementation.

ONGOING REVIEW REQUIREMENTS
In order to receive annual renewal, a status report must be submitted to the REB Chair for Board consideration within one month of the current expiry date each year the study remains open, and upon study completion. Please refer to the following website for further instructions: *http://www.usask.ca/research/ethical.shtml*

March 24/08
Signature Date

John Rigby, Chair
University of Saskatchewan
Behavioural Research Ethics Board

Please send all correspondence to:

Ethics Office
University of Saskatchewan
Room 306 Kirk Hall, 117 Science Place
Saskatoon SK S7N 5C8
Telephone: (306) 966-2084 Fax: (306) 966-2069

APPENDIX D: Information-Consent Form

Using Critical Social Theory to Explore and Challenge Gender Inequities Amongst Youth in Kibera, Kenya

Dear Youth,

As you know, my name is Cheryl Williams. I am a Registered Nurse and going to school at the University of Saskatchewan in Canada. I am working on my Master of Nursing Degree at the College of Nursing.

I am asking you be a part of my research study. The title of this study is "Using Critical Social Theory to Explore and Challenge Gender Inequities Amongst Youth in Kibera, Kenya".

I would like 8-12 youth to take part in this study. You have to be 15 to 35 years old AND speak English if you want to take part.

I am NOT studying your whole youth group but I am only asking members of your youth group to take part in it. It will not be bad for this study if you do not want to take part in it. This study is not part of your youth group's normal activities. It is optional. You do NOT have to take part in it. It is your choice.

I will tell you more about this study to help you decide if you want to take part in it or not. Please read this form closely. Please ask any questions that you have. My phone number is (254) 0733-589-953.

Study Purpose:

I want to learn about the relationships between men and women that are not fair. I also want to learn about how you believe we can make these relationships fair. I have set up a research study with three main goals:

- To talk about what makes you act and think like a man or woman
- To help you know and understand more about what makes you act like a man or woman
- To help make men and women equal

Study Procedures:

If you take part in this study, I will ask you to do two things. This will help me get information for this study.

First, I will ask you to answer 9 questions. These questions are about you and I will not know who you are when you answer the questions. It will take you about 5 minutes to answer the questions.

Second, I will ask you to work with the other people who take part in this study. You will work with them to make up to five different diagrams. You can draw all of the diagrams. The diagrams will help you talk about the relationships between men and women. I will watch everybody and ask questions. I will take notes about what you say and how you act. I will talk to you about these notes at every meeting. You will meet with everybody once every week for 5 weeks. Every meeting will last 2-3 hours. You can pick how many meetings you want to come to. Everybody will help pick when and where we should meet. If you think it is possible though, I would like to meet with you after you have your regular youth group meetings.

One of the diagrams that you make will help you come up with ideas about how to make men and women equal. I will ask you to carry out some of these ideas. The length of time that you spend doing this is up to you.

Study Findings:

I will use the information that I get from this study in a few ways. I will use it to write my master's thesis, for papers in journals, and to talk to groups of people at meetings. I will talk to you about ways to tell other people in your community about what we learned from this study. If you want, I will give you a written copy of what we learned.

I will always keep your name and identity confidential. I will not tell other people who you are. I will not tell anyone *exactly* what you said. I will only go over the main points. I will use my own words when I go over these points.

Potential Benefits:

If you take part in this study, it MIGHT help you in a few ways. You might be able to:

- Talk about your life, ideas, and problems as a male or female youth
- Teach other youth in Kibera
- Learn from other youth in Kibera
- Have fun working with other youth in Kibera
- Learn more about what makes you think and act like a man or woman
- Learn more about doing research. (This might give you the chance to work with other research teams or organizations in your community)
- Get ideas about how to make change in your community
- Start making change in your community
- Help give youth a voice

I do NOT promise that this study will help you in any of these ways. I do NOT promise that this study will help you at all.

Potential Risks:

If you take part in this study, it might hurt you in a few ways. You might:

- Be asked to work with youth that you do not like
- Be asked to work with youth that do not like you

- Be asked to work with youth that come from different tribes than you
- Be asked to work with youth that are educated differently than you
- Have less time to do work in your house
- Have less time to go to work
- Be asked to talk about touchy or upsetting things
- Have bad feelings
- Have other youth argue with you
- Lose privacy and confidentiality

If you take part in this study, I do not want you to get hurt. I will do a few things to TRY to make sure that this does not happen. I will:

- Only ask members of your youth group to take part in this study
- Be sure that you help pick when and where we should meet
- Be sure that you know that you do NOT have to come to all group meetings
- Be sure that you know that **you can only answer the questions that you are comfortable with**
- Let youth talk about what they want to talk about
- Let youth say "NO" if they are asked to do something they don't want to do
- Let youth say "NO" if they are asked to talk about something they don't want to talk about
- Ask the youth to be honest about any problems in the group
- Talk to the youth about the notes that I take
- Ask the youth to respect each other. (This includes privacy and confidentiality)
- Respect you. (This includes your privacy and confidentiality)

Storage of Data:

When I am in Kenya, I will put any information that you give me in a locked cupboard. I will give you your diagrams when I leave Kenya. I will take copies of the diagrams back home with me. When I am in Canada, I will give all the information to my professor, Dr. Pammla Petrucka. She will also keep it in a locked cupboard at the College of Nursing in Regina, Saskatchewan. She will keep this information for at least 5 years. We will keep your consent form away from any other information that you give. This will help us make sure that nobody can connect your name to what you said. We will throw away ALL information after 5 years. We will make sure that nobody else can get it or read it.

Confidentiality:

If you take part in this study, I will respect your privacy and confidentiality. I will only talk about what you say with the 4 professors who are on my research committee. Their names are Pammla Petrucka, PhD (research supervisor), Sandra Bassendowski, PhD (committee member), Peggy McLeod, MN (committee member), and Louise Racine, PhD (committee member).

I will try to make sure that anything that you say in the group stays within the group. I do NOT promise you that other people in the group will not talk about what happens in the group with

people outside the group. Please respect the privacy and confidentiality of other people in the group. You can do this by not talking about what people say in the group with anyone outside the group. Please know that other people in the group might not respect your privacy and confidentiality.

I am only asking members of your youth group to take part in this study. Other people might be able to identify you because your youth group is small. I will not tell other people who you are. I will not tell anyone *exactly* what you said. I will only go over the main points. I will use my own words when I go over these points. This might help decrease the chance of other people being able to know who you are.

I will take notes at every group meeting. I will not write down exactly what you say. I will use my own words in my notes. I will not write your name in my notes. I will only write down if you are a man or woman. I will still keep your consent form away from these notes and all the other information that you give me.

I will share the notes that I take with you. I will do this at every group meeting. This will help me be sure that I have understood everything that you said. You can add, change, or cut out any information that you have given me. After you do this, I will ask you to sign a transcript release form and will use this information for the study.

Please only put your name on the consent form. Please do NOT put your name (or any other identifying information) on the piece of paper with the questions or on the diagrams.

Right to Withdraw:

You do not have to take part in this study. It is your choice. Your participation is voluntary. Your decision to take part in the study or leave the study will NOT affect your position in the youth group. I am doing this study on my own. I will make sure that the leaders of your youth group know this.

If you take part in this study, you can only answer questions if you are comfortable doing that. I do NOT promise you that taking part in this study will personally help you. I will keep the information that you give me in confidence and very private. I will only talk about it with my research committee.

No one will be upset or angry if:

- You do not take part in this study
- You do not take part in a certain part of the study
- You want to leave the study

You can leave the study for any reason and at any time. There will NOT be a penalty or consequence for doing this. This is your choice. I will respect your choice. I will not try to change your decision.

If you take part in this study, I will ask you if you still want to take part in it at the start of every group meeting. Please do not come to the group meetings if you do not want to take part in this study.
If you leave the study, I will keep and use any information that you have already given me. I will do this because your name will not be on any of the information that you gave me. I will not be able to know what information is yours. I will not know the difference between what you told me and what another youth told me. I will not ask you for any information after you leave the study.

Questions:

If you have any questions about this study, please ask me at any time. You can also use the information written below to contact me, Cheryl Williams, OR my supervisor, Pammla Petrucka, if you have any other questions.

The University of Saskatchewan Behavioral Research Ethics Board has reviewed and approved this research study on_____. They consider it to be ethical. You can ask this committee any questions about your rights as a participant in this study by calling the Ethics Office. You can call them for free by calling your local operator and asking to make a collect call to Canada (country code 001). The phone number is 306-966-2084.

Thank you in advance for thinking about taking part in this study. Please read and sign the enclosed consent form if you want to take part. Keep one copy of this form for yourself. Return the other copy with the answers to the 9 questions to me at the first group meeting that you come to.

Cheryl Williams, RN, BSN
Master of Nursing Student
College of Nursing
University of Saskatchewan
Phone: (254) 0733-589-953 (Kenya)
(001) 306-798-1082 (Canada)
Email: caw432@mail.usask.ca

Pammla Petrucka, PhD
Supervisor
College of Nursing
University of Saskatchewan
Phone: (001) 306-798-1082 (Canada)
Email: pammla.petrucka@usask.ca

CONSENT FORM

(Using Critical Social Theory to Explore and Challenge Gender Inequities Amongst Youth in Kibera, Kenya)

I, Cheryl Williams, read and explained the Information-Consent Form to _____ , before receiving this participant's consent. This participant has knowledge of its contents and appeared to understand it. This participant was able to ask questions and it appeared as though the questions were answered to this participant's liking. This participant has verbally agreed to take part in this study and understands that s/he can end this agreement at any time.

This participant also appears to understand that respecting other's privacy and confidentiality is important. This participant has verbally agreed not to talk about what happens within the group with people outside the group. This participant is aware of and appears to understand that others in the group will agree to this too, but that I, the researcher, cannot control the behaviors and actions of the other people in this study.

A copy of the Information Sheet and Consent Form has been given to this participant for their records.

_____ _____

(Signature of Researcher) (Date)

APPENDIX E: Transcript Release

I, Cheryl Williams, have reviewed the notes I have taken about the information provided to me today by _____ with him/her. This participant was given the chance to add, change, or cut out any information from these notes**.** The changes were made, as necessary. This participant now accepts that these notes accurately reflect what s/he said in our meeting today**.** This participant appears to understand and agrees to the release of these notes to me, to be used in the way described to him/her at the time that s/he provided oral consent for participation in this research. A copy of this transcript release form has been given to this participant for his/her records**.**

_____ _____

Signature of researcher Date

APPENDIX F: Venn Diagram Guideline

Purpose: To show the relationships amongst different groups/organizations which influence/demonstrate leadership amongst male and female youth

Rationale: Youth are often known to challenge the ways that things are traditionally done. They often have new, progressive ideas that sometimes aren't heard or respected. In order to be able to reach their full potential and maximize their opportunities (e.g.: vision of the youth group), youth must be aware of who influences them, who they influence, and to what degree. A distinction may be evident between boys and girls; women and men.

How To Do It:

1. Draw circles that represent each of the groups, organizations, or institutions that influence or demonstrate leadership amongst youth in Kibera. Bigger circles can be used to represent bigger or more powerful groups; smaller circles for smaller or less powerful groups
If the members or certain elements of these groups are common/shared, the circles should overlap. The amount of overlap should be representative of the number of shared elements/members.

2. What are the elements that are unique to each circle, that distinguish each circle? Write/draw these in non-overlapped spaces.
- e.g.: What are the membership requirements?
- e.g.: What decisions are made separately?

3. What are the elements that are common to several circles or that overlap? Write/draw these in overlapped spaces
- How many common members are there in the overlaps? Who are they?
- Are joint decisions made –with whom? What is the mechanism for joint decisions to be made?

4. Put on qualitative information
- Are there differences between men and women; boys and girls? If so, what are they? Use a symbol of your liking to indicate men and women; boys and girls.
- Are there any other differences, according to ethnic group, income level, etc.? If so, what are they? Use a symbol of your liking to indicate these differences.
- Are there criteria to entry? How easy is entry to each group? If groups are easy to enter, you could put a dotted line. If they are difficult to enter, you could put a thick line.

5. Why are the two diagrams different? Is it possible to integrate them into one diagram? How?

6. Why are the circles the size they are? Mark your key conclusions on the bottom or back of your diagram.

- Why are some circles bigger than others?
- Is there any relationship between the size of the circles and relative importance?
- What conclusions can be drawn about the relative power and the size of different groups/institutions?
- Why are some groups more important than others?
- Why are the overlaps/boundaries as they are? What does this say about discrimination and/or ease of entry?

7. What conclusions can be drawn about decision making amongst youth? Mark your key conclusions on the bottom or back of your diagram.

- Are there different types/levels of membership or participation in each circle?
- How are different decisions made?
- What happens within each circle and overlap?
- Why are certain decisions made in one circle rather than another?
- Are there institutions within institutions, or groups within groups?

8. What are the implications for the future? Mark your key conclusions on the bottom or back of your diagram.

- What are key institutions/groups to influence?
- What changes in membership may be needed to overcome discrimination?
- What changes are possible in decision making?
- Are these changes possible?
- Why did these things not happen before?
- What are potential constraints/barriers?
- Do these solutions promote gender sensitivity/increase social inclusion?

Mayoux, L. (2003). *Thinking it through: Using diagrams in impact assessment*. Retrieved May 7, 2007 from http://www.enterprise-impact.org.uk/informationresources/toolbox/thinkingitthrough-usingdiagramsinIA.shtml

APPENDIX G: Tree Diagram Guideline

Description: Tree diagrams are a simple type of network. They start from the trunk that represents an issue/problem. The causes of that issue are then shown as the roots and the effects of that issue are then shown as branches. They're useful in bringing together lots of information. They're often used to raise awareness and can lead to detailed discussions.

How to Do It:

1. What is the trunk of the tree- gender inequity or Africanism?
    - Do you see the trunk of the tree as a problem or just as a concept/idea with inputs and outputs? How come?

2. What are the roots of the trees?
    - *What are the different roots to the trunks?* (e.g.: What causes gender inequity or Africanism? What are the elements that created these types of ideas, attitudes, or behaviors?). Draw these at the bottom of the trunk and mark them with symbols and/or words. If you're using symbols, make sure to include a legend that identifies what the symbols mean.
    - *What is the relative importance of these roots?* (e.g.: What causes or inputs are more important or significant than others? What causes or inputs are related to each other?). Adjust the roots accordingly, by making bigger roots or smaller roots, or roots that are connected to each other.
    - *Are any of these roots "underground"?* (eg: Are there any roots that aren't commonly spoken about or that are taboo? How come?)

3. What are the branches? And branches of branches or leaves?
    - *What are the effects or outputs?* (e.g.: What are the results of gender inequity or Africanism?). Draw these and mark them with symbols and/or words.
    - *What is their relative importance?* (e.g.: Are some effects/results more important or significant than others? Which ones?). Adjust the branches accordingly, by making large or main branches; smaller branches, twigs, or leaves off of the main branches.

4. Put on qualitative information.
    - *Are any roots or branches specific to men or women?* (e.g.: Are some causes or inputs; effects, outcomes, or results only for men or women?). Mark these with a different color or put those relating to men or women on different sides of the tree, with common routes and branches in the middle.
    - *Are any roots directly related to any branches?* Reorder the roots and branches accordingly

5. What are the key conclusions?
    - Are any of the roots or branches new to you? What have you learned?
    - Do the roots outweigh the branches or the other way around? (eg: are the causes more significant than the effects or the other way around?)

- Are women more disadvantaged than men or the other way around?

6. What are the implications for the future?

7. Why are the roots and branches as they are?
    - Why do certain causes occur?
    - Why do certain effects happen?
    - Why do certain causes and effects affect more men than women (or the other way around)? Why do they apply more to some people than others?
    - Is this necessary?

8. Why are the roots and branches linked in the way that they are?
    - Why are particular roots linked to particular branches?

9. What is happening in the trunk?
    - What happens in the trunk that means that particular branches come out from the roots going in?
    - What decision making processes are involved?

10. Are the proposed solutions realistic?
    - Why did these things not happen before?
    - What are potential constraints?
    - Are they gender sensitive?
    - Do they increase social inclusion?

Mayoux, L. (2003). *Thinking it through: Using diagrams in impact assessment*. Retrieved May 7, 2007 from http://www.enterprise-impact.org.uk/informationresources/toolbox/thinkingitthrough-usingdiagramsinIA.shtml

APPENDIX H: Diamond Diagram Guideline

Purpose: To find out what types of differences there are in financial, empowerment, and gender equity statuses amongst the people of Kibera. To find out what makes these differences and how they are defined.

How To Do It:

1. Decide what shape you think the diamond should be. The shape of the diamond will depend on where the majority of the people in Kibera are.
   - Use a diamond if there are two small categories of people of equal size at the extremes and one large majority in the center.
   - Use a triangle if the number of people in each category decreases as the social status becomes more prominent (e.g. a hierarchy)
   - Use a square if the number of people in each category is equal

Draw this shape on the piece of paper.

2. Draw lines in this shape to show the different categories. The line(s) at the biggest/widest part of this shape should represent where MOST of the people in Kibera are (ex: are most people rich?). The lines at the smallest/thinnest part of this shape should represent where the LEAST people in Kibera are (ex: are very few people powerless?).

3. Inside each of the lines that you draw in the shape, mark down what defines/characterizes each line. What are the features or characteristics of the people in each category? Why have these features or characteristics been identified? Write/draw these reasons down beside each of the lines outside of the shape.

4. How easy or hard is it to move from one level/category to another? Mark these differences with a different type of line and/or with arrows. Start from the bottom of the shape and work your way up. Why is it easy or hard to move from one level to another? Write/draw these reasons beside the arrows or lines, outside of the shape.

5. Are there gender, age, or ethnic/tribal differences that characterize/define each level? If there are common characteristics or features, write/draw these inside the shape, in the corresponding area. Why are there different patterns observed for men and women, young and old, people from different tribes, or different social groups? Write/draw these reasons beside each of the lines, outside the shape.

6. What conclusions can be made about the differences between the levels? What conclusions can be made about the common features that characterize each level? What conclusions can be made about the characteristics about those that are at the extremes of the shape? Write/draw your main conclusions in a corner of the page.

7. What does this mean for the future? What can be done to improve the conditions of those at the very bottom or the most vulnerable groups? What can be done to challenge those at the very

top? What can be done to make the majority of the people move up the scale? Write/draw these ideas in a corner of the page.

8. Are the solutions/way forward that you proposed (answer to question #7) realistic? Why did these things not happen before? What are the barriers, constraints, or things that would prevent these solutions from happening? Are the solutions gender equitable or sensitive? Do they decrease discrimination and increase social inclusion? Write/draw yours answers in a corner of the page.

Mayoux, L. (2003). *Thinking it through: Using diagrams in impact assessment.* Retrieved May 7, 2007 from http://www.enterprise-impact.org.uk/informationresources/toolbox/thinkingitthrough-usingdiagramsinIA.shtml

APPENDIX I: Journey Diagram Guideline

Purpose: To understand the group's vision for the future. To understand where they want to go and how they want to get there. To chart the ultimate goal of the group, identify the steps along the way, and whether the journey is expected to be easy or hard.

How to Do It:

1. What is the starting point for the journey? Do you want it to start in the past or in the present (NOW)? Is it at the beginning, middle, or end of the road?

2. In what direction does the road go? Is it straight, upwards, or downwards? Or is does it have ups and downs?

- *Upward journeys* are ones where goals have been (or are expected to be) met. The road goes from the bottom left-hand corner of the page to the top right corner.
- *Downward journeys* are ones where goals have not been (or are not expected to be) met. The road goes form the top left hand corner to the bottom right hand corner.
- *Up-down journeys* are ones where progress is expected to be difficult and less than smooth

3. Start to draw the road. Mark down your starting point on this road. Where are you at now? Or where have you come from already? What have you achieved so far? What are the main strengths and weaknesses in your group? Write/draw what characterizes this starting point.

4. Move in the direction of the future. What are your key goals? Write/draw these goals along the road. The goals that you expect to be the easiest to achieve should be marked near the beginning of the road. The ones that will take the longest to achieve should be marked near the end of the road. Mark down the approximate dates that you expect to achieve each of these goals by.

5. What are the details of each of these goals? For example, if training is a goal, what type of training will this be? How many people will receive the training? Who will provide the training? What do you expect the impact of the training to be? Write/draw these beside each on of the goals.

6. What are the opportunities and challenges that you expect to face along the way? Write/draw these between each on of the goals- with challenges on one side of the road and opportunities on the other. Why do you expect these things to happen? What will you do to overcome challenges and to use the opportunities? Write/draw these reasons beside each of the challenges and opportunities.

7. Are there any differences between people? For example, what are the gender differences? Will certain members of the group benefit more than others? Will the experiences of the most

disadvantaged members of the group be different than those who are more advantaged? Write/draw these differences and how you will seek to minimize them.

8. What are the key conclusions? What have been the main challenges and achievements?

9. What are the main implications for the future? Are the group's goals too ambitious (big)? Are they too limited (small)? How will the group know when goals have been met? What changes might be needed in membership requirements if these goals are going to be met? What changes might be needed in the activities, operations, and/or rules and regulations of the group? What changes might be needed to increase gender balance or social inclusion? Why did these things not happen before? Are these plans realistic? Write/draw these reasons in a corner of the page.

Mayoux, L. (2003). *Thinking it through: Using diagrams in impact assessment*. Retrieved May 7, 2007 from http://www.enterprise-impact.org.uk/informationresources/toolbox/thinkingitthrough-usingdiagramsinIA.shtml